

PRESTOWITZ: CEOS  
AS FOREIGN AGENTS

KUTTNER: WHY ISN'T EUROPE  
WALL STREET'S COUNTERWEIGHT?

THE POLITICS OF  
MENTAL ILLNESS

# THE AMERICAN PROSPECT

LIBERAL INTELLIGENCE

JULY / AUGUST 2008

## Beyond Hillary

*What a **REAL**  
breakthrough for  
women in politics  
would look like*

***PLUS:**  
Janet Napolitano  
and seven other  
Democratic women  
waiting in the wings*

# THE AMERICAN PROSPECT

WWW.PROSPECT.ORG

VOLUME 19 • NUMBER 7 JULY / AUGUST 2008

*"Who knows what women can be when they are finally free to become themselves?"*

—BETTY FRIEDAN,  
THE FEMININE MYSTIQUE

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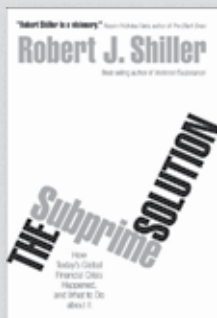
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*Cover art by John Ritter*

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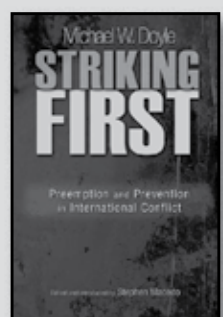
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# The Year of Passion

**N**OW THAT BARACK OBAMA HAS SECURED HIS PARTY'S presidential nomination, it is a good moment to assess the extraordinary and improbable thing that the Democrats have done.

It was not intuitively obvious, particularly to those who

saw the party's central task as winning back the Reagan Democrats, that the best way to retake the presidency would be to nominate an African American with an Islamic-sounding name. In the abstract, before Obama emerged, that concept had not suggested itself, and some political insiders may be excused for not immediately grasping its genius.

Let us recall the leading explanations in recent years as to why Democrats were losing and what they had to do to win. To appeal to the Reagan Democrats, some held that the party needed a candidate who was culturally and religiously close to middle America—say, a moderate (white) Southern governor along the lines of Jimmy Carter or Bill Clinton, the only Democrats to get elected in the past 40 years. Central casting sent over Mark Warner to play this role, but he dropped out before the primaries began.

Others said that the party should wage its fight on economic grounds and nominate a populist. John Edwards used this script, but given his wealth and style, he wasn't the best choice for the part.

The populist strategy also had elements of a related theory. Instead of trying to appeal to voters who had moved right, this approach called for reaching out to millions of nonvoters, many of them minorities, women, and young people, who simply haven't seen any connection between politics and their own lives. This strategy, however, requires something that cannot be planned and that convention-

al politics rarely provides—inspiration.

Obama and Hillary Clinton drew upon these cultural/religious and economic theories in framing their campaigns. But they also stirred Americans at a deeper level than politics ordinarily does, raising the prospect that the Democrats might win the presidency this year by enlarging the electorate. Obama tapped into a repressed memory of what politics can be like when it lifts our aspirations instead of dashing them. His novelty is partly that he is very old-fashioned, a political leader who has risen largely on the strength of his oratory and the eloquence of his writing. In the course of the fight, Clinton became a better candidate, too, and found her own voice, though it was no match for his.

No recent campaign has had the same emotional intensity, and no voter could fail to be conscious of the election's symbolic importance. Once the nomination became a battle between Obama and Clinton, the party was certain to "make history"—it was just a question of which historic breakthrough it would make.

The contest was also riveting because at times it was painful to watch, infuriating,

and unjust. The thought crossed my mind more than once: Can't somebody make this stop? The collision between Clinton and Obama at history's doorstep put many Democrats in an agonizing position, the electoral equivalent of "Sophie's choice," as if they were being asked: Which of these two, each embodying a cherished cause, will you turn your back on and sacrifice?

We ought to resist the impulse, however, to give any transcendent meaning to Obama's edging out of Clinton. The popular vote was essentially a tie (you can argue it either way); Obama won more delegates chiefly because his campaign invested in the caucus states and his supporters turned out for caucuses at a higher rate. With different rules (for example, winner-take-all state elections, as it will be in the fall), Clinton could have won.

Nonetheless, Obama did win, and the world stands astonished, awaiting November's verdict. In the fine tradition of American self-congratulation, many people, including some who will vote against Obama, are already declaring that his victory proves how enlightened the country is and that racism is a thing of the past. That inference is premature.

Racism runs deep in American society, and looking at the polling this year, it is hard to miss it in the demographic patterns, particularly in the data on older voters. Some analysts believe that the economy and other underlying factors are so overwhelmingly in the Democrats' favor that they can accept the "cost" of nominating an African American and still prevail this fall. You could say that is the bet that the party is making, except to describe it as a

"bet" implies too much calculation. For Democrats, this is the year when passion reawakened—and although passion had its reasons, it paid the voice of calculation no mind. **TAP**

— PAUL STARR

*The collision  
between Clinton  
and Obama at  
history's doorstep  
confronted many  
Democrats with  
the electoral  
equivalent of  
"Sophie's choice."*





Following the publication of Mark Schmitt's "Can Identity Politics Save the Right" (June 2008), our Web editors solicited responses to the article from three leading conservative thinkers. The following are excerpts from each response. To read the full entries, visit our group blog, *Tapped*, at [www.prospect.org/csnc/blogs/tapped](http://www.prospect.org/csnc/blogs/tapped).

THE REPUBLICAN PARTY and the conservative movement are facing hard times, and the fault lies squarely within each institution. Mark Schmitt understands this well, even as he gets some particulars wrong. What he misses is that because the wounds are self-inflicted, the Democrats and the American left benefit from a circumstance they did little to create. Herein lie the seeds of a comeback: not in a last-ditch "politics of American-ness" that is as old as American politics itself but in the resolution of the struggle between the two. These days, Democrats run, and usually win, on the message that they are the not-Republicans. The problem with this, for them, is that it leaves Republicans in charge of the brand. When and if the GOP and the conservative movement resolve

their differences, American politics will again be conducted on their terms.

**Joshua Treviño** is a co-founder of *Redstate.com* and founder of *Treviño Strategies and Media, Inc.*, in Sacramento, California. He was a speech writer in the George W. Bush administration from 2001 through 2004.

WHAT SCHMITT CALLS "the politics of American-ness" is also known as nationalism, and he understands it as first and foremost an effort to deny the "American-ness" of vulnerable minorities, in particular minorities of conscience. There is no denying that, as Anatol Lieven among others has argued, American nationalism has at times taken on an ugly form. But the most prevalent form of American nationalism is a liberal or cultural nationalism, not a narrow ethnic nationalism.

Anti-nationalists believe, by definition, that nationalistic appeals are illegitimate, or at the very least distasteful. But anti-nationalists are few and far between in American politics. And indeed, though American nationalism has come to be associated with right-wing jingoism, there is a distinct undercurrent of nationalism in grass-roots opposition to the Iraq War. It also goes without saying that nationalism is integral to the popularity of the hard-edged economic populism of Jim Webb and John Edwards, who vigorously oppose a different set of deracinated cosmopolitans, namely the transnational corporate elite.

**Reihan Salam**, an associate editor at *The Atlantic*, is

co-author of *Grand New Party: How Republicans Can Win the Working Class and Save the American Dream* and the editor of the group blog *The American Scene*.

IT IS NOT THE IDEOLOGY that has failed. Indeed, while the politicians themselves have failed, that is not even the root of the problem. What has really failed is the movement itself. A political movement's support system is its destiny. The right has a support system that ultimately supports the Republican Party, not the ideology. Rather than creating an infrastructure that develops and implements politically viable ideas for effectively limiting govern-

ment, the right has built an infrastructure for a political party that can appeal to the public's range of "conservative" interests but cannot implement them. The right's infrastructure is sustaining only half of the equation—the maintenance of power, without the implementation of the vision.

A half-vast right-wing conspiracy is not enough.

**Jon Henke** is a founding editor of *The Next Right* and is brand manager at *New Media Strategies*.

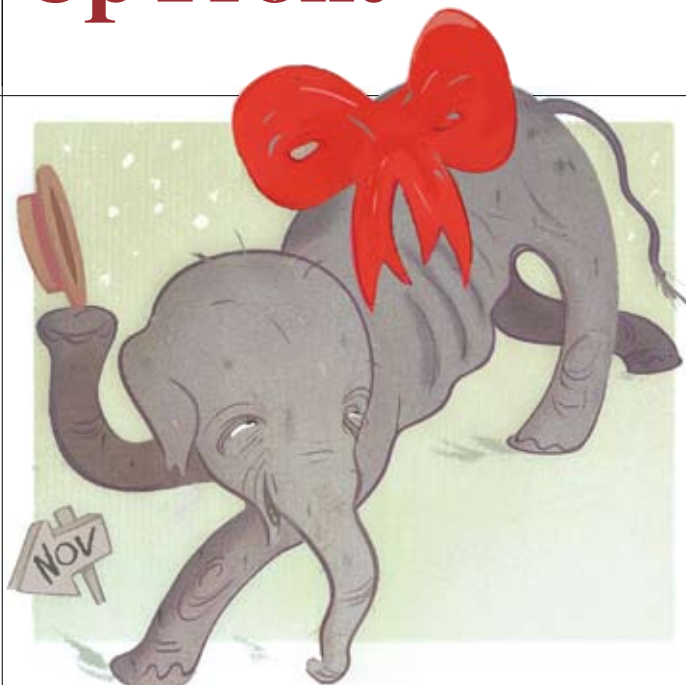
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#### FROM THE EXECUTIVE EDITOR

HILLARY CLINTON MADE HISTORY OVER THE PAST year—just not quite enough of it to win the Democratic nomination for president. In the wake of her campaign's end, the *Prospect* looks at what it will take for women to make broader gains within the American political system. Ann Friedman, noting that the number of women in public office has plateaued at an abysmally low level, outlines the systemic changes necessary to create a critical mass of female elected officials. Ezra Klein reports on the crucial role that recruitment plays in boosting the number of office holders, and I survey the political and religious cultures of those states that have elected the most women to office. Dana Goldstein profiles Gov. Janet Napolitano of Arizona, a stunningly adept pol who has remained true to progressive principles while retaining the enthusiastic support of her nativist state. And we provide sketches of seven up-and-coming Democratic women who will likely be part of women's next breakthrough in American politics.

Elsewhere, our founding co-editor Bob Kuttner returns from a spring in Europe to report that all is not well on the Continent. The pressures of American-style capitalism gone global have begun to erode Europe's distinctly more humane social capitalism, and the parties of the European center-left have been appallingly eager to help this process along. Where, Kuttner wonders, is the global opposition party? It could come from unions—or from the presidency of Barack Obama. — HAROLD MEYERSON

# Up Front



## BEYOND BRANDING

**T**HIS IS NOT A GOOD TIME FOR THE REPUBLICANS. They're behind in the polls, behind in fundraising, and lashed to a president who's about as popular as a disease. And so it has become popular in Republican ranks to call, as Arnold Schwarzenegger did last week, for a "rebranding," as if what the electorate is looking for is that same great Republican taste poured into a flashier bottle.

But a recent poll conducted by Democrat Stan Greenberg and Republican Glen Bolger showed just the opposite. When they tested Democratic and Republican messages without identifying which party they came from, "the Democratic message consistently won out over the GOP message by 11 to 25 points." This was true even among Republican voters, who preferred the Democratic message on every issue but Iraq. It was only when the messages were identified by party that the Republicans won back their voters. On taxes, for instance, Republicans opted for the Democratic message over the Republican message, 52 percent to 38 percent. When the very same messages were identified by party, however, Republican votes favored the GOP message, 65 percent to 27 percent. The GOP's brand isn't in crisis—it's the only thing keeping them alive.

A brand is easier to change than a philosophy, however, and so, for the moment, Republicans show signs of what author Lucas Conley calls "obsessive branding disorder," a tendency to focus obsessively on the brand and ignore the product. Since the public clearly knows that they're peddling snake oil, however, spiffing up the bottle won't increase sales.

### MERRILY BRAIN DEAD

And speaking of the Republicans' inability to modify their product, two of California's leading polls—the Field Poll and the monthly survey of the Public Policy Institute of California—recently showed Barack Obama leading John McCain by hefty 17-point margins in America's mega-state. When the *San Jose Mercury News* asked state Republican Party Vice Chairman Thomas Del Beccaro to posit how McCain could come back, he offered this scenario: "Once Republicans make Californians aware of Obama's proposals to boost taxes on capital gains and dividends, the GOP-Democratic gap will close."

If there's a line dividing ideological rectitude from obsessive-compulsive disorder, Del Beccaro's assessment shows a mind-set that has galloped across it with no looking back.

### 27 YEARS IN PRISON, NOW THIS

How to suitably honor Nelson Mandela—perhaps the most heroic of international figures—on his upcoming 90th birthday? Organize a concert in Hyde Park, London, and invite Amy Winehouse to perform, of course.

The scandal-plagued, beehive-bedecked singer will headline a June 27 fete celebrating the life of

the political prisoner, AIDS activist, and first post-apartheid president of South Africa. It's a good thing that Nobel he got wasn't contingent on musical taste.

Marilyn Monroe crooning to JFK this is not, though the pairing does offer some cringe-worthy comedic potential: Imagine a boozy Winehouse comparing her husband's recent incarceration for "perverting the course of justice" following a barroom brawl to the years Mandela spent on Robben Island.



The best-case scenario would have the notoriously "exhausted" singer just miss the whole thing. It's probably the best birthday present she can give Mandela.

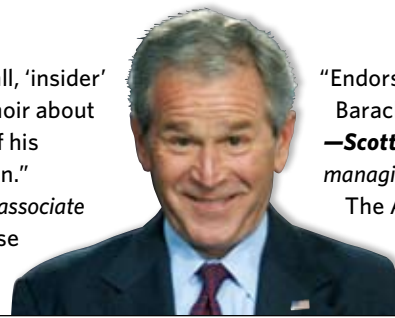
### DROWNING THEIR SORROWS

In April, the Minnesota legislature passed a bill, which was signed into law by Gov. Tim Pawlenty, a Republican vice-presidential hopeful, allowing the bars in Minneapolis-St. Paul to stay open until 4 A.M. during the Republican National

**THE QUESTION:  
WHAT COULD BUSH  
POSSIBLY DO TO  
IMPROVE HIS APPROVAL  
RATINGS BEFORE HE  
LEAVES OFFICE?**

"Build time machine, travel to Palm Beach 2000, fix butterfly ballot, concede, make daring citizen's arrest to foil 9-11 plot."  
—David Halperin, former speechwriter for Bill Clinton and Howard Dean

"Write a tell-all, 'insider' account memoir about the failures of his administration."  
—Brian Cook, associate editor, In These Times



"Endorse Barack Obama."  
—Scott Stossel, managing editor, The Atlantic

Convention in September rather than 2 A.M. as usually required. Though it may not have been intended that way, the bill will surely help Republicans forget about their dreadful standing in the polls and their shrinking congressional delegations. (There is speculation that some of the journalists covering the GOP convention will avail themselves of the later closing time, too.) Whether more Republicans will drink themselves into a coma on the evenings that George W. Bush and Dick Cheney speak or on John McCain's own night remains to be seen.

**FIST-BUMP ALERT**

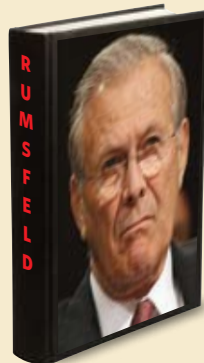
When Barack Obama and his wife Michelle bumped their fists together (also know as "dap") before his speech in St. Paul declaring victory in the Democratic primaries, it seemed, to most observers, to be a tender gesture of mutual support. Not, however, to some conservatives. One commenter on the Human Events Web site referred to it as "Hezbollah-style fist-jabbing," a description that was then adopted by *Fox News* anchor E.D. Hill who called it a "terrorist fist jab." The same sinister gesture was later made by noted jihadists Sens. Kay Bailey Hutchinson and Dianne Feinstein during an appearance on CNN.

**PARODY** by T. A. Frank

**"Clearly, I had allowed myself to be deceived."**

—Scott McClellan, *What Happened: Inside the Bush White House and Washington's Culture of Deception*

**MORE TELL-ALL RELEASES FOR 2008 AND 2009**



**Stuff Happens: How Known Unknowns Led To You-Know-What Human Events, 499 pp.**

In this riveting and searing account, former Secretary of Defense Donald Rumsfeld speaks of his anguish over conditions in Guantanamo Bay, his reluctance to retaliate militarily against al-Qaeda, and his dismay at the roughness of his colleagues. **EXCERPT: "The evening before, Joyce and I had watched the looting in Baghdad and wept to see the frightened faces of Iraqi children. Then, I found myself telling the press corps that 'freedom's untidy.' It was untidy all right—as untidy as the pile of garments I had rent in my anguish only minutes earlier."**



**I Have Searched My Memory Regnery, 4 pp.**

In a fascinating if elliptical work, former U.S. Attorney General Alberto Gonzales attempts to dispel rumors that he was untruthful rather than merely forgetful. Gonzales notices many people above him and below him doing things, but he's shy and doesn't want to interfere or be in people's way. Then these guys start asking him questions, and he doesn't know the answers. Early in the book, Gonzales recounts a dramatic and unsought nighttime visit he made to the hospital room of his predecessor, John Ashcroft. **EXCERPT: "It was very late at night and I was tired but the president wanted me to go with Andy and said I could have a soda, so I went but it smelled weird and the old guy, I don't recall his name, was sleeping and didn't want to talk and no one else was there but another guy and a woman. And then the guy in the bed said something and Andy said something and the woman said something, and I don't recollect exactly what they said, but at no point do I remember doing anything wrong but I still didn't get my soda and then we went home but then I had ice cream."**



**So? Sentinel, 383 pp.**

An outspoken debut from former Vice President Dick Cheney offers a portrait of a White House where small-minded men stand in the way of big-time ideas. Thwarted in his quest to abolish congressional legislation enacted subsequent to the year 1892 and to annex the Arabian Peninsula, Cheney instead looks for consolation through invading Iraq and occasionally going fly fishing. While grateful to the man he calls the "Idiot Boy-King" for his employment, Cheney still feels unhappy to have failed to achieve absolute power and blames many, many people. In an unusual aesthetic choice, Cheney redacts large sections of his own book. He also invites his readers to "Go f--- yourselves."

**EXCERPT: {{{{{{REDACTED}}}}}}**

*T.A. Frank is an Irvine Fellow at the New America Foundation.*



# On Our Own

BY MARK SCHMITT

INTERVIEWING RICK PERLSTEIN, AUTHOR OF THE mega-book *Nixonland*, Mark Hemingway of *National Review* lamented recently that “liberal or popular historians don’t seem to be very interested in conservative history and ideology.”

Perlstein answered politely, but the correct response would have been, “What planet are you living on?” Indeed, the legend of the rise of the right—as told by and to the left—has become the defining narrative of our political experience. I shouldn’t admit this, but I probably own and have read more books about conservative history and ideology than about the civil-rights movement (and I’m pretty interested in the civil-rights movement). From the intellectual roots in Albert J. Nock’s idea of “the remnant” (an enlightened few doomed to irrelevance in a liberal age) through the spooky-sounding Mont Pelerin Society, William F. Buckley’s “fusionism” of libertarians and traditionalists, then to Barry Goldwater, the movement’s emergence into political power under Ronald Reagan, and then the late, decadent phase, it is a fascinating, absorbing story.

For liberals living in the conservative era, conservative history has been more than a story. It has been a template, the closest one available, for what it means to translate ideas into political change. How often have I heard, “We need our Grover Norquist”—someone who would organize the weekly meeting where everyone would get their marching orders? (There is such a meeting now; I’m told it’s more chaotic than Norquist’s.) Or, “We need a Heritage Foundation for our side”? The Democracy Alliance, a forum for liberal donors, had its origins in a PowerPoint version of the conservative story that

urged donors to model their funding on the collaborative structures of the right. Call it the “I’ll have what she’s having” theory of change, after the famous deli scene in *When Harry Met Sally*—assuming that if you do the same things, you’ll get comparable results.

Even arguments among liberals often focused on differing interpretations of the right’s success. Those who thought we needed think tanks, journals, and ideas told the story of the conservative intellectuals and their institutions; others who wanted to see more invested in grass-roots organizing told the story of Goldwater’s legions and the Christian Coalition. Those involved in the Democratic Party told the story of the right in terms of the tight coordination between the party and the party line; those who favored a more daring liberalism noted that conservative institutions kept their distance from the Republican establishment. Those who wanted to revive the legal liberalism of the 1970s pointed to

the Federalist Society, and those who began to think that conservative forces in the states were at least as important as what happened in Washington, D.C., tried to build analogues to the American Legislative Exchange Council (ALEC), a network for conservative state legislators and those who lobby them.

Fortunately, the imitative institutions are now far surpassing their role models. If the founders of the Center for American Progress once looked in awe at Heritage, the quick-moving, high-tech, imaginative progressive think tank now makes its conservative analogue look like a once-mighty, now threadbare brand name from the 1970s. (Heritage’s daily blast-fax was once an innovation.) The American Constitution Society is now a full-fledged presence at over 160 law schools. And ALEC is reportedly crumbling, while the

Progressive States Network has begun to take off.

And so, we’re on our own now. There may be more left to the political power of the right, but its narrative arc is complete. With that, we can look at the great political narrative of the latter half of the 20th century with fresh eyes, with the distance of an actual historian, rather than try to plunder it for useful weaponry. More importantly, we can turn back to the history that really matters to liberals, which is not the history of reaction but the history of aspiration to greater levels of equality and justice. My own vow

this summer is to stop reading all those books about conservatism and get back to the civil-rights movement. Maybe I’ll finish Taylor Branch’s trilogy about Martin Luther King Jr. I promise—just as soon as I finish *Nixonland*. **TAP**



(Object Of Study)

***Liberal institutions  
that once imitated  
conservative ones  
are now far  
surpassing their  
role models.***



# Our CEOs, Their Foreign Agents

BY CLYDE PRESTOWITZ

**I**N DECEMBER 2004, IBM ANNOUNCED THE SALE OF ITS personal computer division to China's Lenovo. The announcement came as a surprise in Washington but was old news in Beijing. As IBM Chairman Sam Palmisano later told *The New York Times*, the deal had originated

during his July 2003 trip to Beijing to meet not with Lenovo but with top-level Chinese government officials from whom he sought permission to sell to a Chinese company. IBM wanted to support China's industrial strategy (including the upgrading of its technological capacities and know-how), Palmisano told the *Times*, partly because "if you become ingrained in their agenda and become truly local and help them advance, then your opportunities are enlarged. ... You become part of their strategy." After Beijing approved the proposal, Palmisano proceeded to Lenovo to negotiate the deal that wound up not only with Lenovo taking over IBM's PC division but also with IBM and the Chinese government as co-investors in China's fifth largest company.

IBM had been a major supporter of China's entry into the World Trade Organization, which is founded upon the premise that its members maintain free and open markets. Nevertheless, Palmisano's visit demonstrated that he understood the role of government in the Chinese economy. Conversely, Palmisano did not go to Washington to meet with top U.S. authorities before talking to Lenovo. Nor did he think about becoming part of U.S. economic strategy, chiefly because the United States does not have an economic strategy. Indeed, the U.S. business community has strongly opposed all proposals advocating such a strategy, in accord with the notion that free markets make the best decisions in allocating scarce resources.

The Lenovo deal made nonsense of that assumption. By his own admission, Palmisano was not operating in response to market forces but rather in response to China's industrial policies. In view of that, it is not surprising that IBM's lobbying efforts in Washington have been very favorable to China's interests.

IBM is hardly alone. China requires companies like Google to keep some information off of its China Web site. Were the U.S. government to impose such censorship on Google, the company would no doubt refuse. In China, however, it readily agreed to filter out the BBC, the word "democracy," and anything about freeing Tibet. Yahoo turned over to Chinese authorities the name of a journalist who was using its e-mail in ways unhelpful to the regime. He now languishes in jail. Cisco, e-Bay, and Microsoft all help the Chinese Internet police cleanse the blogosphere either with their technology or their acquiescence in censorship.

The CEOs of global companies often prefer to do business with authoritarian regimes; they can get faster decisions than they can in democracies. But these CEOs also find that they must be more responsive to the desires of the authoritarian regimes than to those of the

democracies. Where there are conflicting national interests, the global CEOs are likely to line up on the side of the authoritarians and even to become lobbyists for them within the democracies.

The key problem is the asymmetry of governmental power over corporations in democratic and authoritarian regimes. In Washington, a CEO of a major corporation is an important political player who makes big PAC donations, maintains legions of lawyers and lobbyists, files lawsuits against the government, writes legislation, and influences regulatory decisions. In Beijing, Riyadh, or Moscow, however, the same CEO is a supplicant. He doesn't file lawsuits against these governments; indeed, he needs to maintain favor and keep the bureaucrats and party operatives happy.

Moreover, he will use his influence in Washington to do what is necessary to curry favor in authoritarian capitals. This is why the Business Round Table and U.S. Chamber of Commerce have been telling the Congress not to worry about China's currency-management policies that put U.S.-based producers at a disadvantage. Many in the global business community have effectively become lobbyists for the autocrats.

*The global corporation acts as a conveyor belt to carry non-democratic values into democratic societies.*

The standard argument in U.S. economic and foreign-policy circles is that globalization, by making nations richer, will also make them more democratic. In fact, the global corporation acts as a conveyor belt to carry non-democratic values into democratic societies. This is not to say it can't work the other way around, but the power relationships are such that it's more natural for a Google to yield to China's Internet police than to defy them.

The CEOs may kowtow in more plush surroundings than other supplicants, but their position is just the same. **TAP**

*Clyde Prestowitz is founder and president of the Economic Strategy Institute.*

# Beyond Hillary

*The focus this primary season has been on the ambitions and achievements of one woman, but women won't claim their share of political power until they achieve critical mass at all levels of government.*

## Strength in Numbers

BY ANN FRIEDMAN

In 1992, the much-vaunted “Year of the Woman” when 27 women were elected to Congress, Sen. Barbara Mikulski of Maryland said, “Calling 1992 the Year of the Woman makes it sound like the Year of the Caribou or the Year of the Asparagus. We’re not a fad, a fancy, or a year.”

To a certain degree, Mikulski was right. It wasn’t just a fad; the numbers of women in Congress have slowly and steadily increased since then. But there has never since been an election like 1992, with a sizable class of incoming women legislators. And, needless to say, women have yet to achieve anything close to parity at the highest levels of government.

Hillary Clinton’s historic campaign for president has inspired some important conversations about women in politics, mostly focused on how sexism has played out in her campaign, or how voters have responded to a female candidate for such a high office. But it’s time for us to look down the pipeline. Progressives have a vested interest in getting more women into office—and not only because it’s good to have our elected bodies better reflect the population. Nearly 30 percent of women in Congress are members of the Progressive Caucus, while only 10 percent of men in Congress are. As blogger Matt Stoller put it, “The more women in office, the more progressives in office.” (For a look at some up-and-coming progressive women in politics, see the chart on pages 16–17.)

For all the progress made in electing women over the past 16 years, however, the glass ceiling remains stubbornly in place. None of the remarkable individual women who have risen to the highest ranks of our political system—Nancy Pelosi, Hillary Clinton—has been more than a crack in the glass. To be sure, they are inspirational pioneers who give us a first glimpse of a better, more equitable future. But the glass ceiling won’t truly be shattered until women have achieved a critical mass in government.

Despite the drama and excitement that have accompanied Clinton’s campaign, we’re not at a high point for women in politics. The high-water mark came nearly two decades ago. The biggest shifts toward a more woman-friendly political culture all happened between 1991 and 1993. Those years saw not only the largest group of women elected to Congress but to state legislatures and as governors. That’s also when Democratic women came together to form the Women’s Leadership Forum to get more women involved in the party. Whether it was the Anita Hill hearings (which some women have cited as the reason they chose to run for office) or simply an unusual number of open seats, a record-breaking number of women seized the moment and, for the first time as a group, got a foothold in national politics.

Those days feel a long way away. Since the Year of the Woman, the number of women in national office has leveled

**We need to change our political culture, not just have one woman triumph over it.**



off. Today, women are still less than 25 percent of senators, representatives, governors, and state legislators. The 2008 election isn’t shaping up to be much different. In 1992, 11 women were candidates in Senate races. So far this year, only two women have won Senate primaries. We currently have eight women governors (including Democrat Janet Napolitano, whom Dana Goldstein profiles on page 18), and this election year will see 11 gubernatorial races. Thus far, only two women have won primaries. Compare that to the record-setting year for women governors, 1994, which saw 34 women file for races and 10 win their primaries. It’s clear we aren’t going anywhere fast.

Those numbers mirror the situation for women in other careers. In almost every professional field, women are stuck at the 25 percent barrier. We’re less than 25 percent of corporate officers, law partners, writers for major magazines, and Wall Street execs. And I would argue it’s the same set of factors (partners unwilling to shoulder their share of the

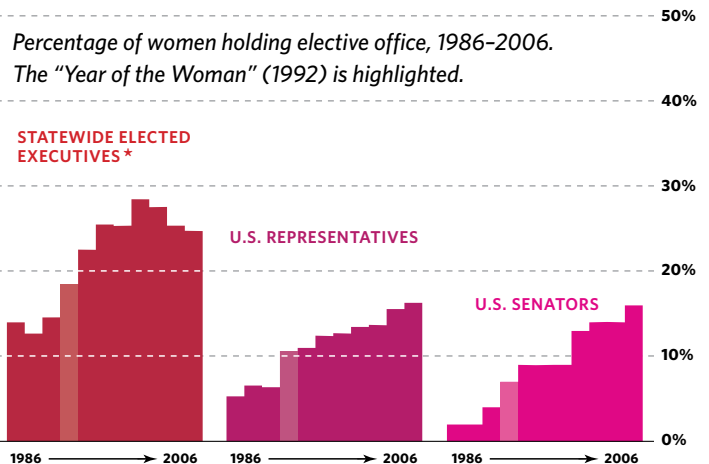
ELISE AMENDOLA / AP IMAGES

child-care burden, inflexible workplace policies, straight-up sexism) that keep women from rising through the ranks of both corporations and Congress. Outliers like Pelosi and Clinton—and Fortune 500 CEOs like Xerox’s Ann Mulcahy—do not in themselves amount to the shift necessary to make lasting change. When a magazine hires a female editor-in-chief, the number of women’s bylines does not automatically increase. I would argue that the reason sweeping change doesn’t occur is not because these remarkable women aren’t doing enough. It’s simply that one woman at the top cannot change an entire culture. Looking at these numbers across the board, it’s clear that the real ceiling is not limiting individual women’s ambitions. It’s keeping women as a group from breaking the 25 percent barrier.

If we want to cross that threshold, we need to look at the system. We’re never going to successfully implement quotas as other countries have, and it takes time to change the traditional views about a woman’s proper place in society that persist in certain U.S. regions (see Harold Meyerson’s piece on page 14). But those who would agree with the statement, “We need more women in positions of political power”—most of the Democratic Party leadership and most readers of this magazine, I’d guess—need to take a step back in the wake of Clinton’s candidacy and, rather than examine what went wrong in the Clinton example, look at how to ensure we don’t have to rely on outliers like Clinton in elections for the next 30 years. The real goal should be to identify significant numbers of female candidates as future leaders and promote them through the ranks in a far more conventional manner. In other words, to change our very political culture—not just have one woman triumph over it.

That’s why the Year of the Woman was actually important, despite the fact that it did not usher in a new, woman-friendly era of politics. It showed us how a group of women in politics could support each other and rise through the ranks together, rather than a single woman simply trying to play the game with the boys. The four Democratic women senators elected in 1992 held meetings as a group once they had made it to Capitol Hill (they were joined by Mikulski, who was already serving in the Senate), and discussed the problems they were facing in the boys’-club culture. At times they issued joint statements that began with, “We, the women of the Senate.” The women in the House demanded equal access to the main gym and fitness facilities, because the women’s gym had fallen into disrepair. The Democratic women also consistently voted together—including lending crucial support to President Bill Clinton during the 1993 budget battle. All this amounted to a subtle shift in the culture of the U.S. Congress—not a sea change but a bigger step toward breaking the 25 percent barrier (and thus the glass ceiling) than Hillary Clinton’s candidacy.

Our recent political history offers many examples of women in national politics who boosted each other’s careers. One key way to get more women into office is to ask them to run (as Ezra Klein points out on page 15), and women are often the ones doing the asking. Pelosi was elected to Congress in part because she was handpicked in 1987 by the dying Rep.



Sala Burton to be her successor. Louisiana’s Mary Landrieu was pushed to enter politics by Gov. Ann Richards of Texas—Landrieu lost her 1995 gubernatorial bid but was elected to the Senate the following year. And once they’re elected, women are more likely to turn to other women for mentorship. Sen. Barbara Mikulski made how-to manuals for the Democratic women who joined the Senate in 1992, Eleanor Clift and Tom Brazaitis note in their 2003 book, *Madam President*. Mikulski’s guidebook, titled “Getting Started in the Senate,” contained tips on everything from responding to constituent mail to getting a good committee appointment.

Of course, women can increase their political prominence in ways besides winning electoral office. The Democratic Party has long anointed its rising stars by designating them to give speeches at the Democratic National Convention or the official response to the president’s State of the Union address. There are also cabinet positions, which carry great political power. (Only 37 women have ever been cabinet members.) Using these appointments to elevate more women in politics is something we should demand of all elected progressives.

Until a critical mass is reached, this sort of concerted effort to promote women in politics is crucial. In an ideal world, such efforts would start with party apparatuses like the Democratic campaign committees taking pains to encourage women to run for office—and then supporting their campaigns. They would continue with donations from groups like EMILY’s List and, after women are elected, with additional support and mentoring from their colleagues in Congress. Mikulski, for her part, was shepherded through her first year in the Senate by her Democratic colleagues Paul Sarbanes of Maryland and Ted Kennedy of Massachusetts. She called them her “Galahads.”

The goal, though, is to shift the political culture enough so that newly elected women don’t need Galahads. Since the 1970s, many women, in politics and business, have “broken the glass ceiling” alone. But until women are lined up behind (and next to) that one woman who busts through, it’s going to be hard for us to move beyond the exceptions like Hillary Clinton. **TAP**



# Woman Versus Machine

BY HAROLD MEYERSON

**T**he story is a legend in Chicago politics and machine politics generally. In the middle of the last century, a young University of Chicago student named Abner Mikva—later a leading liberal congressman, then a federal judge, then Bill Clinton’s White House counsel, and today an adviser to Barack Obama—wandered off campus to a Democratic ward headquarters, looking to volunteer in an upcoming election.

“Who sent you?” the ward committeeman asked.

“Nobody,” said Mikva.

“We don’t want nobody nobody sent,” the committeeman replied.

Such is the logic of a closed political system, where an outsider becomes an insider only if an insider vouches for him—or, even more, for her. And when we look across the nation to ascertain which states have elected the most women to political office and which the least, it turns out that states once (or still) dominated by party machines don’t create a political culture in which women can thrive. Where entry into politics depends entirely on who sent you—on winning the backing of the boys—women often end up outside the clubhouse, the legislature, and the Congress.

Women, of course, can be outsiders even when the power structure isn’t all that structured. Regions of the country where religious traditionalism remains strong also tend to be hostile terrains to women’s political advancement. A look at those states with the highest and lowest levels of female elected officials suggests that neither old time religion nor old school politics generates a favorable climate for women aspiring to public office.

The states with the highest percentage of women state legislators in 2008 are, in order, Vermont, New Hampshire, Washington, Colorado, Minnesota, Arizona, Hawaii, Oregon, Maryland, and Maine. The only one of these states to have been home to a classic urban machine is Maryland, where the Baltimore Democratic organization once flourished (and it’s no accident that the most politically gifted daughter of that organization—Nancy Pelosi, whose father and brother both served as Baltimore mayors—built her own career in a far less traditional and hierarchical city, San Francisco). None of these other states even had a large city in 1900 (large cities in 1900 almost all had machines). Some preserved the traditions of New England small-town direct democracy. Some embraced early 20th-century progressivism, which abolished party patronage and thereby crippled parties as political gatekeepers. And where parties no longer shaped political careers, that function was performed either by self-starting pols or by an array of disparate groups: professional associations, unions, community organizations, ethnic networks, activist clubs—and, eventually, women’s activist organizations. Some of these groups were even less welcoming to women than the machines had been, but

some weren’t, and the sheer multiplicity of such groups in time created a less daunting (though hardly egalitarian) political culture than that of hegemonic party organizations.

A century later, this helps explain why these states have a higher percentage of women legislators than other states—such as Massachusetts, which ranks 21st, or New York, which ranks 22nd—that may seem more liberal and egalitarian but where political careers for well over a century were made and broken by party bosses.

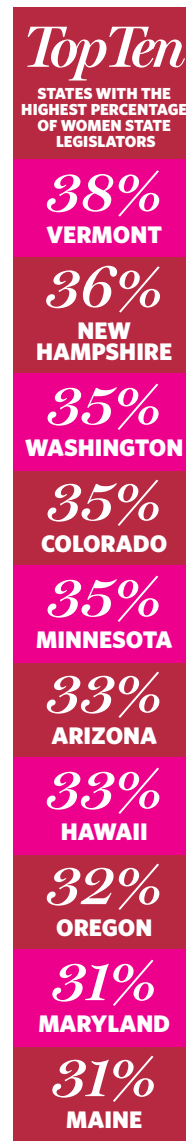
The other factor that correlates with a more woman-friendly political culture is the relative weakness of cultural—chiefly, religious—traditionalism. The states with the highest percentage of women legislators roughly correspond to those states with the highest percentage of people who, when asked their

religion in a 2001 City University of New York survey, answered, “None.” Of the top five states with the most women legislators, Vermont ranked second in percentage of no-religion respondents. Colorado ranked fourth, New Hampshire ranked ninth, Washington ranked first. Minnesota was in the middle of the no-religion pack, but if it’s not among our most secular states, it is among those with the richest progressive heritages.

Not surprisingly, the states with the lowest percentages of women state legislators are the states of the old South and Appalachia. It’s no small irony that the states in which Hillary Clinton has won the greatest share of the white vote in her primary contests against Barack Obama overlaps considerably with the states that elect the fewest women. The state with the lowest percentage of female legislators is South Carolina, followed by Oklahoma, Alabama, Kentucky, West Virginia, Mississippi, Pennsylvania, Louisiana, Virginia, and Ohio. In Pennsylvania, one can adduce a series of regional explanations for women’s low level of representation: The middle of the state is Appalachian traditionalist, while both Philadelphia and Pittsburgh were home to major political machines.

There are, of course, exceptions to these patterns. Perhaps the most striking is the career of Ella Grasso, who served as the Democratic governor of Connecticut from 1975 until shortly before her death in 1981 and was the first elected woman governor in U.S. history who was not the wife or widow

of a previous governor. Grasso was a talented political leader and one of the most successful governors of her time, but at nearly every stage in her long political career, she was championed by the state’s legendary political boss, John Bailey, who not only ran the Connecticut Democratic machine for decades but was



John F. Kennedy's emissary to all the big-city bosses in the 1960 campaign and was then appointed Democratic National chairman by Kennedy. The machine—Bailey—promoted Grasso, but in general, women have done better in places where churches are relatively scarce and machines altogether absent. **TAP**

## By Invitation Only

BY EZRA KLEIN

It's never easy, amid the chaos and colliding variables of a campaign, to determine which factors really decide a close election. Politicians have their theories, though. As this year's primary season drew to a close, Hillary Clinton began blaming sexism for her campaign's troubles.

But what of her Iraq War vote, infighting advisers, mouthy spouse, and decision to skip the caucus states? What of Obama? In an election this long and this tight, there are countless plausible explanations for Obama's narrow margin (a mere percentage point or two in the popular vote and a couple hundred delegates). In tallying sexism's electoral toll, Clinton's defeat is hardly the best example we can adduce.

We can do better. In January of 2008, Jennifer Lawless and Kathryn Pearson published an article in *The Journal of Politics* analyzing how female politicians fare in primary elections. Lawless and Pearson looked at every primary for the U.S. House of Representatives held between 1958 and 2004—a staggering 19,221 primary contests involving 33,094 candidates. Just 2,648 women competed in those primaries, however—a mere 8 percent of the total. This would make sense, hypothesized Lawless and Pearson, given the assumed bias of the electorate. If women are less likely to win primaries, they will also be less likely to enter them.

But the facts didn't fit the theory. "Contrary to our expectations," concluded Lawless and Pearson, "women's primary victory rates and vote margins are not significantly lower than those of their male counterparts." In other words, women win just as frequently as men. Indeed, in Democratic primaries since 1990, a woman won in 60 percent of districts where at least one competed.

The problem, it turns out, is less underperformance than underrepresentation. When women run, they perform at least as well as men. But they don't run nearly so often, and our country—with its weak party system and aversion to quotas—does nothing to specifically redress the resulting disparity. This might be why the percentage of women in Congress puts us in 68th place worldwide, nestled right between Bolivia and El Salvador, and only a couple of spots beneath famously feminist Tajikistan.

For some time, many assumed that this imbalance would right itself naturally and that the distortion just reflected the power of incumbency. What was needed was not gender favoritism, they argued,

but structural reforms that would lead to a more competitive political culture. Public financing was to pave the road, providing money to nontraditional candidates who might lack support from traditional party structures. But political scientists Timothy Werner and Kenneth Mayer, who examined the effects of public financing on candidate gender in the October 2007 issue of *PS: Political Science and Politics*, found that though women did avail themselves of public-funding options at a higher rate than men, this had no effect on "the overall composition of the candidate pool." Similarly, term limits, by ending the careers of (disproportionately male) longtime officeholders, were expected to increase women's political representation without explicitly favoring either gender. The problem is that term limits actually reduced the number of women in office, while states without such limits saw female representation rise. In some cases, the limits

## Prominent women are one-third less likely to be encouraged to run for office than prominent men.

termed out women, and men replaced many of them. "The logic was impeccable," sighed political scientist Gary Moncrief. "The problem is there aren't as many women running as we expected."

The common failure of these reforms is that they focused on helping candidates who are *already running*, when the problem for women is that they don't enter primaries in the first place. To examine why, Jennifer Lawless partnered with political scientist Richard Fox to conduct the Citizen Political Ambition Study, which polled nearly 4,000 prominent lawyers, business leaders, executives, educators, and political activists on their attitudes toward electoral service. Lawless and Fox found that women were far less likely than men to evince interest in running for office. Women were much more likely than men to cite family obligations, negative feelings toward the process of campaigning, and a belief that they weren't qualified. But the most powerful finding was that the women surveyed were far less likely to be *recruited* to run for office.

In an entrepreneurial political culture like our own, an expression of institutional support or confidence can be a huge factor in whether a potential candidate decides to announce an actual candidacy. But the women Lawless and Fox surveyed were one-third less likely than the men to have ever been recruited by a party leader, elected official, or political activist. Yet when women do receive this encouragement, they are just as likely to respond positively as men. "Potential candidates who receive the suggestion to run for office are more than four times as likely as those who receive no such support to think seriously about a candidacy," writes Lawless.

When it comes to convincing women to run for office, it turns out that among the most powerful things we can do is simply ... ask. **TAP**

 **MORE ONLINE** Has EMILY's List lived up to its mission? Plus, a look back at 1970s strategies for electing women. [www.prospect.org/onlineextras](http://www.prospect.org/onlineextras)

# SEVEN DEMOCRATIC WOMEN TO WATCH



As Hillary Clinton's presidential campaign ground to a halt, many women (and men) lamented that it was the last chance in their lifetimes to vote for a woman for president. And some of that pessimism is warranted. Four out of the last five presidents have been governors, and the other recent nominees have been senators. And today, women are only 16 percent of each group. But rather than get depressed by the numbers, it is perhaps better to focus on the current crop of women making their presences felt in the Democratic Party. It's the perfect moment to consider the careers of women who are climbing the political ranks through various routes—not just those who are already in the Senate or the governor's mansion.

Here is a brief introduction to seven up-and-coming women in Democratic politics. They are women who will no doubt have a role in shaping the party in the coming decade: potential attorneys general, speakers of the House, governors, senators, and yes, presidents. Take note of their names, because if you don't know them already, we're guessing you will within the next five years.

—ANN FRIEDMAN

Compiled by Te-Ping Chen, Adam Doster, Stephanie Gray, Anabel Lee, Tara McKelvey, and Holly Yeager. Photos are official portraits except Brunner (AP Images), Klobuchar and Bass (Landov).

	KATHLEEN SEBELIUS Governor, Kansas	JENNIFER BRUNNER Secretary of State, Ohio	DONNA EDWARDS Candidate for Congress, Maryland
RESUMÉ	She was a state representative from 1987 to 1994 and state insurance commissioner from 1995 to 2003.	She was a legislative counsel for Ohio Secretary of State Sherrod Brown from 1983 to 1987 and a county court judge in Columbus from 2000 to 2005.	She was a founder of the National Network to End Domestic Violence. In 2000, she became executive director of the Arca Foundation.
CONNECTIONS	Sebelius' father, John Gilligan, is a former Ohio governor. She is married to Gary Sebelius, a federal magistrate judge. Her father-in-law was a congressman for Kansas' 1st District.	Sherrod Brown, Brunner's former boss, is now a U.S. senator. They campaigned together in 2006 and now she has his old job—and they have each other's cell phone numbers.	Edwards worked closely with the late Sen. Paul Wellstone and his wife, Sheila, to raise the profile of domestic violence, especially its impact on children.
SIGNATURE ISSUE	<b>ENVIRONMENT.</b> Sebelius has now vetoed three times a bill allowing two coal-fired power plants (which would have spewed 11 tons of CO <sub>2</sub> emissions into the air) in western Kansas, infuriating the state's business establishment.	<b>ELECTION REFORM.</b> When she took over from Republican Ken Blackwell, Brunner moved quickly to restore public confidence. She called for replacement of the electronic voting systems and ordered paper ballots be made available in March's presidential primary.	<b>IRAQ WAR.</b> Edwards plans to make ending the war—and re-engaging in diplomacy—a top priority. She has also called for increasing benefits and services for veterans, and for refocusing our national-security priorities.
GUTSIEST MOVE	She's masterfully exploited fissures within the Kansas GOP, convincing its former state chairman, a popular district attorney, and six members of the legislature to seek office as Democrats.	Worried about voting irregularities in Cleveland, Brunner forced the resignation of all four members of the county's Board of Elections, including Bob Bennett, the state's Republican Party chairman, in early 2007.	She challenged Al Wynn, a seven-term incumbent, in the 2006 primary—and came within three points of beating him. In the 2008 primary, she trounced him, pushing Wynn to declare early retirement.
POSSIBLE NEGATIVE	Last year, she signed a bill designating English the official language of Kansas, despite the fact that the bill had been stripped of a provision that would have funded English classes.	When Brunner moved to replace touch-screen voting machines with optical-scan machines, the ACLU and others complained that the switch could disenfranchise voters in poorer communities that cannot afford to count the ballots at each precinct.	During the 2008 primary campaign, Edwards faced complaints from Wynn that Arca Foundation had investments in Halliburton. But as executive director, Edwards says she was not involved in investment decisions.
WHAT NEXT?	Perhaps a run for U.S. Senate. She's also on several shortlists of potential vice-presidential nominees.	Since Marc Dann, the state's Democratic attorney general, resigned in May, she could be in line to succeed Ted Strickland as governor.	For now, Edwards is focused on landing a seat on the Energy and Commerce Committee, where she can push for universal health care.





<b>AMY KLOBUCHAR</b> <i>U.S. Senator, Minnesota</i>	<b>LISA MADIGAN</b> <i>Attorney General, Illinois</i>	<b>KAREN BASS</b> <i>Speaker, California State Assembly</i>	<b>HILDA L. SOLIS</b> <i>U.S. Representative, California</i>
<p>She has been a lawyer since 1985 and served as Hennepin County attorney from 1999 to 2006.</p>	<p>She served in the Illinois Senate from 1998 to 2002. Before that, she was an attorney at a Chicago law firm.</p>	<p>In 1990, she founded the Community Coalition for Substance Abuse Prevention and Treatment. Until 2006, she was on the volunteer faculty at USC Medical School.</p>	<p>She worked in the White House Office of Hispanic Affairs under President Jimmy Carter and served as a California Assembly member and as a state Senate member from 1992 to 2001.</p>
<p>Klobuchar was a partner at the Minneapolis law firm where former Vice President Walter Mondale has an office. The two have remained close, with Mondale playing an active role in her 2006 campaign.</p>	<p>She's the daughter of Illinois Democratic Party Chairman and House Speaker Michael Madigan, a 37-year veteran of Illinois' General Assembly and widely considered one of the most powerful leaders in Springfield.</p>	<p>Last year, then-Speaker Fabian Núñez selected Bass, a fellow L.A. Democrat, to be his majority leader. Rep. Diane Watson, another L.A. Democrat, helped Bass win support from the city's black community when she ran for office in 2004.</p>	<p>Her mentors include L.A. County Supervisor Gloria Molina and Dolores Huerta, who co-founded United Farm Workers. She also has formed a strong relationship with House Speaker Nancy Pelosi.</p>
<p><b>PRODUCT SAFETY.</b> The consumer product safety reform legislation approved by the Senate in March 2008 contains a provision drafted by Klobuchar, including a ban on lead in children's products and on the sale of toys that have been recalled.</p>	<p><b>CONSUMER RIGHTS.</b> Madigan testified before Congress on a recall of toys, created the nation's first hotline to help victims of identity theft, and drafted bills that crack down on predatory lending and mortgage fraud.</p>	<p><b>FOSTER CARE.</b> Bass has been an outspoken advocate for California's 80,000 foster children. She helped secure \$82 million for reducing case-loads in the system, providing resources for caregivers, and helping young people in the foster system make the transition to adulthood.</p>	<p><b>ENVIRONMENTAL JUSTICE.</b> As the representative of a heavily Latino, mine-pitted district with a topography she likens to "Swiss cheese," Solis fought opposition from the Golden State's governor and business community for years to author the nation's first-ever environmental-justice law.</p>
<p>As county attorney, Klobuchar led—and won—a case against a well-regarded court of appeals judge who pleaded guilty to siphoning \$313,000 from a trust fund he managed.</p>	<p>Three months before Gov. Rod Blagojevich's re-election bid, she directed the Democratic governor to release copies of federal grand jury subpoenas concerning allegations of hiring fraud in state agencies.</p>	<p>In the early '90s, Bass's Community Coalition took on the alcohol industry in South L.A. The group helped push out more than 200 liquor stores and attract new businesses, like laundromats and health clinics.</p>	<p>The daughter of a Teamsters union shop steward and Nicaraguan assembly-line worker, Solis trounced an 18-year Democratic incumbent in her 2001 congressional race.</p>
<p>Klobuchar took heat from net-roots and civil libertarians for being one of 16 Senate Democrats who joined with Republicans to pass President Bush's wiretapping and surveillance legislation in August 2007.</p>	<p>Madigan attempted to revive a state law in January 2007—dormant since 1995 and deemed unconstitutional by a federal court—that prohibits minors from obtaining abortions without parental notification.</p>	<p>As majority leader, Bass helped rally the Democratic votes needed to get a budget bill out of the Assembly in 2007. Liberal critics complain the package—which was changed before it became law—was loaded with tax breaks for business.</p>	<p>At times, Solis has been forced to go outside her working-class district for corporate campaign contributions. In her 2006 re-election campaign, Comcast was her chief contributor with a \$13,500 donation.</p>
<p>She endorsed Obama early, and she appears on some lists of his potential running mates.</p>	<p>She may run for Blagojevich's gubernatorial seat in 2010. Or, if Obama wins the presidency, she could be appointed as his Senate replacement.</p>	<p>Her term ends in 2010 and, depending on the moves of other top Democrats in the state, she could seek statewide office, like secretary of state.</p>	<p>Solis is currently up for re-election, and she is widely cited by progressives as a possible future senatorial candidate.</p>

# Janet Napolitano and the New Third Way

*Arizona's governor has contained Republicans, reinvigorated Democrats, and provided a new model for progressive politics in the West.*

BY DANA GOLDSTEIN

By all accounts, Gov. Janet Napolitano of Arizona agonized over the decision of whom to endorse in this year's presidential primary. Sure, the choice was fraught for most Democratic politicians who built their careers during the 1990s. But not every politician worked on Bill Clinton's campaign in 1992, or owes her subsequent career to a Clinton appointment. Not every politician is one of just eight female governors in the nation, making her acutely aware of the symbolic power of a woman coming in reach of the presidency. And not every politician's endorsement was so highly coveted, due to her leadership of a conservative state in a swing region seen as key to a Democratic victory in November.

In short, Napolitano was under a lot of pressure. Nevertheless, on Jan. 11, a few weeks ahead of Arizona's Super Tuesday primary, she announced her support for Barack Obama, citing his ability to attract independent voters and his appeal to national unity. For those who'd been tracking Napolitano's rhetoric and career, the move didn't come as too much of a shock, despite her Clinton connections. Napolitano has been dropping buzzwords like "unity," "compromise," and "nonpartisanship" since her first campaign for attorney general in 1998—years before a young Illinois state senator burst onto the political scene.

Napolitano's rhetoric—and governing style—has proved both successful and wildly popular. Today, it is almost impossible to find an Arizona progressive with a bad word to say about her, though it hasn't always been that way. In 2002, the local alt-weekly, the *Phoenix New Times*, dubbed Napolitano a "poster blob for milquetoast party apparatchiks" and even "a neutered Republican." Longtime Latino community activist and former state Sen. Alfredo Gutierrez, who ran against Napolitano in the Democratic gubernatorial primary, hit her from the left, painting her as little more than an ambitious outsider who'd sold out on the death penalty and immigrants' rights. When Napolitano won the election, as expected, and during her first term sent National Guardsmen to the border—a policy later adopted by the Bush administration—Gutierrez called the decision "an insulting political ploy" and declared the governor "a coward."

But by 2006, as Napolitano faced re-election, Gutierrez was calling her "an extraordinary political figure" with "an amazingly accurate calculus politically." Meanwhile, the *New Times* named her "Best Politician," writing, "Whenever we criticize her at a cocktail party, longtime Lefty Arizonans (yes, there are one or two) chime in: 'But you should've been here in the past—she's so much better than anybody else we've ever had as governor!'" Progressives had come to appreciate Napolitano's skill at achieving what was possible, while beating back the hardest right initiatives of the state legislature's Republican majority.

Arizona's political climate is harshly conservative on issues such as immigration, taxes, and the death penalty. Even moderate Republicans say they feel stymied by the right. For years, liberals defended what little turf they could, racking up a string of electoral losses in the process. Now Arizona progressives have learned, sometimes the hard way, that Janet Napolitano may be the best advocate for sense and sensibility in a political generation.

This is a woman who has climbed Mt. Kilimanjaro and survived breast cancer. She cracks herself up by quoting Monty Python. (Indeed, she's constantly smiling and laughing, from giggles to deep belly laughs to ironical gasps.) She is a powerful, self-possessed speaker, so it's surprising to discover she's only 5-foot-4. Napolitano likes to joke about being old, but in reality, at 50 she is young for a governor, with much of her political future ahead of her. It is a future about which her aides and associates are happy to gossip but which she dances around discussing herself. When asked what Cabinet positions might interest her, or whether she's eyeing John McCain's Senate seat, she repeats over and over, "I like being governor. It's a great job."

Napolitano is Arizona's first Democratic governor to be re-elected in a quarter-century. When she entered office, Republicans controlled both houses of the state legislature. They still do, but their majority has dwindled to six seats in the House and four in the Senate, and they are at risk of losing control entirely this November. What's more, Napolitano hasn't just played smart politics, she's made real strides in passing progressive policies. Improbably, she has managed to contain Arizona's far right, co-opt the business community, and pacify the left. Does



that make her a centrist law-and-order type, or a bleeding-heart liberal forced to moderate because of the anti-tax, libertarian climate in which she's built her career? If you ask Arizona progressives, they might tell you the answer doesn't matter.

**NAPOLITANO IS BOTH** wonky and charismatic. When she's ticking off the details of her new children's health insurance proposal, she reminds you of Hillary Clinton—except you don't get the sense Napolitano has had to practice to come off as funny or natural in public. During a Cabinet meeting in a dim, windowless room in Arizona's state executive office tower, she easily keeps a room of 60 people entertained. "The official Arizona quarter is about to be minted," she announces and then waits a beat. "A little more enthusiasm, please!" she shouts, smiling wryly. "I will be going to the mint in Denver to strike the first coin. And given that we still have a deficit, I hope to bring a lot of the mint back with me."

Though Napolitano successfully turned a \$1 billion deficit into a surplus during her first term, the state is back in the red this year, putting the conservative opposition in no mood

to create new programs. Nevertheless, Napolitano is engaged in an ongoing battle with the state legislature to make more low- and middle-income children eligible for public health insurance. She is also trying to convince Arizonans to approve an increase in the sales tax in order to fund new transportation infrastructure, including a light rail line connecting Tucson, Phoenix, and Flagstaff. The balancing act between big policy proposals and stubborn budgetary restrictions is one with which Napolitano is familiar; her governing record is full of tit-for-tat deals that ensured many of her priorities were pushed through. By exempting developers from contributing to costs for new roads, for example, Napolitano has persuaded the homebuilder's association, Arizona's most powerful industry lobby and a traditional foe of mass transit, not only to support her transportation initiative but to kick in \$100,000 toward advertisements convincing voters to approve it.

Napolitano has taken a similar tack on education. She managed to enact universal, full-day kindergarten in 2004 by pairing the program with conservative-friendly tax cuts. In order to secure a \$100 million pay raise for K-12 teachers, she gave in to Republican demands for a \$5 million private school voucher program for special-ed students, a deal she calls one of her biggest concessions. "I don't like vouchers," she says with typical bluntness.

But for every compromise, there are times when Napolitano put her foot down hard and fast. On the environment, she enrolled Arizona in a Western Climate Initiative that seeks to impose a regional cap-and-trade system on carbon emissions. She has also exercised her veto power more often than any governor in Arizona's history; state Republicans have bestowed upon her the moniker "Governor No." She

nixed legislation that would have made it a crime for day laborers to look for work on public streets, and in May she pulled \$1.6 million that Maricopa County police were using to conduct immigration raids in the Latino community. Being the savvy operator and former attorney general that she is, Napolitano immediately announced she was reinvesting the funds in a program to track down at-large fugitives. And although she signed one of the most restrictive anti-immigration bills in the country, an employer sanctions law that enforces stiff penalties for hiring undocumented workers, she did so in large part to prevent Republicans from placing an even more punishing measure on the state's November ballot.

Napolitano is avowedly pro-choice and has earned the support of many Arizona pro-choice Republican women, including a few who've worked for her campaigns. One of her first acts as governor was changing the name of Arizona's "Squaw Peak" to "Piestewa Peak" after Lori Piestewa, a 23-year-old Arizonan of Hopi descent who, in 2003, became the first Native American woman killed in foreign combat. (Many Native Americans consider the term "squaw" a sexist slur.) And Napolitano worked



to increase the number of homeless-shelter beds available to victims of domestic violence and their children.

It's no wonder Arizona Democrats are generally upbeat. Longtime Arizona politico Fred DuVal, who was a senior staffer for former Gov. Bruce Babbitt and head of intergovernmental affairs in the Clinton White House, says, "I cannot underline this enthusiasm enough. Under Napolitano, Arizona Democrats went from being a below-average political party to being arguably one of the two or three strongest in the country."

Like another famous Arizona politician, John McCain, Napolitano seems to revel in rejecting labels, even as she hews to a mostly partisan agenda. When asked if she considers herself a feminist politician—she did after all, come onto the national political stage as an attorney representing Anita Hill—Napolitano looks down at her hands and insists, "I just consider myself Janet." On criminal justice, she goes so far as to call herself conservative.

"I really resist lots of labels, because labels assume a whole package of characteristics and stereotypes," Napolitano tells me in her Phoenix office. "I think it's more of a sense of style, a recognition that there are good ideas held by people of both parties, of all parties." Napolitano represents a particular subset of Obama supporters, those who embraced the "third way" moderation of Clinton and the Democratic Leadership Council during the 1990s, but came to see Obama, not Hillary Clinton, as the inheritor of that legacy, updated to account for the ugly realities of the post–September 11 world. Other prominent figures in that group include another Southwestern governor, Bill Richardson, as well as Sen. Ben Nelson of Nebraska and former Sen. Sam Nunn of Georgia, an early Democratic Leadership Committee chair.

Jan Leshner, director of Arizona's Department of Commerce and a longtime Napolitano adviser, says, "The kinds of qualities that drew us to Bill Clinton 15 years ago are the kinds of qualities that draw Governor Napolitano to Obama."

**NAPOLITANO PRESENTS** her political history as a series of fortunate coincidences, but others remember things differently. She arrived in Phoenix in 1983 for her first job out of law school as a clerk for Judge Mary Schroeder of the 9th Circuit Court of Appeals. "I called a professor of hers for a reference," Schroeder recalls of the 26-year-old Napolitano, "and he said she was a wonderful student, very smart, but there was one odd thing about her. He said, 'Well, she wants to be in Congress or something like that.' And I thought, 'Huh?' So I knew from that point that she had a yen for politics." Running for office, Schroeder says, has "frankly, always been on her mind."

Napolitano was born in New York City in 1957 but grew up in Albuquerque, where her father, an anatomy professor, was dean of the University of New Mexico Medical School. As a kid she played clarinet and in high school was voted most likely to succeed. She attended her father's alma mater, Santa Clara University in California, majoring in political science.

Foreshadowing a lifetime of outreach to Republicans,

Napolitano's first post-college job was as an analyst for the Senate Budget Committee, where she reported to Sen. Pete Domenici, a New Mexican Republican and an acquaintance of her father's. She went on to law school at the University of Virginia and then landed her clerkship for Judge Schroeder, who remembers Napolitano as a gregarious people person who happily excelled at detail-oriented paperwork. "I thought that if someone likes people as much as she does and yet is able to get down to the nitty-gritty and crawl around in boxes of figures, she's an extraordinary person," Schroeder says.

After her judicial clerkship, Napolitano took another fortuitous step. She joined Lewis & Roca, Judge Schroeder's former Phoenix law firm, which has deep ties to Democratic politics and is well known for representing Ernesto Miranda, the accused rapist whose 1966 Supreme Court case established the rights of suspects to be apprised of their constitutional prerogatives. The firm's senior partner was John P. Frank, a former Yale professor and nationally recognized expert on Supreme Court appointments. It was Frank who got a call in October 1991 from Sen. Dennis DeConcini, an Arizona

## Her positions on immigration may seem like measured compromises, but they are pretty far left by Arizona standards.

Democrat, asking if he'd be willing to represent Anita Hill as she testified before the Senate Judiciary Committee. Hill had accused top court nominee Clarence Thomas of a prolonged pattern of sordid sexual harassment. Frank agreed and asked Napolitano to assist him; she was put in charge of preparing the testimonies of Hill's supporting witnesses.

"The Judiciary Committee handled it very badly," Napolitano remembers of the "terrible" hearing in which Hill painfully described Thomas repeatedly speaking to her about pornography, bragging about his sexual prowess, and asking her out on dates, disregarding countless rejections. The male senators running the hearing seemed flummoxed as Thomas categorically denied all the charges and was eventually confirmed by a four-vote margin. Like several other prominent women in politics, Napolitano credits the episode with deepening her interest in public service. "It really did bring home how issues of women really didn't have an avenue to be heard at that time," she says.

The media attention surrounding the hearings raised Napolitano's profile as an up-and-coming young, female Democrat in a party looking to promote women's leadership. "Ever heard of Janet Napolitano?" asked syndicated columnist Ellen Goodman, who, in the aftermath of the hearings, promoted the idea of Napolitano challenging John McCain for his Senate seat. "Meet the PCTC, a Post Clarence Thomas Candidate." Napolitano didn't make that Senate run, but Bill Clinton appointed her U.S. attorney for Arizona shortly after he took office in 1993, despite her having no experience as a prosecutor. Her nomination was held up for almost a year, in large part because Senate

Republicans were still peeved that she had represented Hill.

It is a testament to Napolitano's political skill—and her luck—that her involvement in one of the most controversial feminist causes of the 1990s never seriously hamstrung her political aspirations. Her career since the Thomas hearings has been almost perfectly calibrated to play against feminine stereotypes. As U.S. attorney and, later, state attorney general, Napolitano built up law-and-order credibility and learned to appeal to Arizonans' libertarian sensibility, sometimes disappointing her progressive allies. She wasn't as aggressive as some would have liked, for example, in investigating the practices of a fundamentalist Mormon sect that practices polygamy and early marriage on the Arizona/Utah border. As attorney general, Napolitano also proved herself a strong advocate of



**On The Front Line:** Napolitano tours the border with President Bush, who has adopted some of her middle-of-the-road immigration policies.

the death penalty, despite research showing that Arizona is one of 10 states that has made serious errors in capital cases. During her first gubernatorial run, she even defended the state's death-penalty system in front of the Supreme Court. She lost. Arizona was told it couldn't issue death sentences unless trials were conducted in front of a jury, not just a judge.

But perhaps most fundamentally, Napolitano's years as a prosecutor allowed her to craft a middle-of-the-road approach on the issue that would come to overwhelm Arizona politics: immigration.

**ARIZONA HAS A LOVE-HATE** relationship with its foreign-born residents. For decades, school children were taught that their state's economy was built around the "Five Cs": copper, citrus, cattle, climate, and cotton. In the 1990s, as Arizona experienced a Wild West-like boom in population, a sixth was added: construction. Immigrant labor made this growth possible. During 2006 the border patrol apprehended 500,000 undocumented workers attempting to pass into Arizona, a state with a population of about 6 million. And those are just the folks who were caught.

Despite the Arizona economy's dependence on immigration, the Republican state legislature has fallen under the sway of nativists who garner significant public support. They've introduced a number of almost farcically radical anti-immigrant measures, including a bill asking the U.S. Congress to repeal the 14th Amendment (meaning children born in the United States to immigrant parents would not be granted citizenship) and a bill that would have prohibited American citizens from marrying non-citizens, regardless of their legal status.

In the face of such extremism, Napolitano—much like Barack Obama—has an uncanny ability to restate her opponents' beliefs, seemingly with sympathy, before explaining why she disagrees. "The numbers are just astounding," she says of the influx of undocumented workers into Arizona across the Mexican border. "And so Arizonans, they look around, and their emergency rooms are packed, and their class sizes are huge, and they see a federal government that has not seemed committed to protecting the border. They don't see an immigration law that really is enforced firmly and fairly, and they act accordingly."

What she means by "act accordingly" is that in November 2006, Arizona voters approved, by margins of 70 percent or more, four anti-immigrant ballot initiatives that Napolitano strongly opposed. They denied undocumented immigrants in-state tuition at public universities, adult education, publicly funded child care, bail, and the right to bring a civil lawsuit. They also approved a measure naming English the state's official language. Napolitano's view of how to deal with the immigration crisis is quite different: She hopes for comprehensive federal immigration reform along the lines of what was proposed by John McCain in 2007, providing the nation's 12 million undocumented workers with a path toward citizenship. She also supports a state guest-worker program.

These positions may seem like measured compromises, but they are pretty far left by Arizona standards. Despite Napolitano's efforts to restrain the legislature's nativist impulses, immigrant-rights activists see a state rife with educational, employment, and social discrimination against Spanish speakers. They worry the new employer-sanctions law will encourage businesses to make deals in which they turn undocumented workers in to the police in exchange for immunity. Napolitano's chief nemesis on this issue, Maricopa County Sheriff Joe Arpaio, is almost gleeful in his enthusiasm for raids and deportations in the Phoenix area, leading to charges of ethnic profiling. Arpaio rivals the governor as the most popular politician in the state. The Mayor of Phoenix, Phil Gordon, a Democrat who hopes to succeed Napolitano as governor, is currently the target of a recall effort organized by anti-immigration extremists. His primary offense? Questioning the right of police officers to ask people for their citizenship status during routine stops.

Considering these realities, Hector Yturralde, president of the Hispanic advocacy group SOMOS America/the We are America Coalition, acknowledges it wouldn't be realistic to hope for leadership much more progressive than Napolitano's. "Janet, being the right lady that she is, vetoes the most ven-

omous bills that she knows are going to cause turmoil in the community here,” he says.

Napolitano angered conservatives when she swore she wouldn’t allow voters’ approval of the 2006 anti-immigrant ballot initiatives to change the way she deals with the issue. Anti-immigration blogger Dan Amato fumed, “How arrogant can you be that you simply write off 70 percent plus of your residents?” But despite Napolitano’s rejection of dozens of anti-immigrant measures, she has remained incredibly popular among a strongly anti-immigration electorate. She enjoys a 76 percent approval rating.

**OF COURSE, NAPOLITANO’S** triumphs coincide with the national growth of the Democratic Party, which some attribute more to the bankruptcies of George W. Bush’s leadership than to the skills of Democratic politicians. In part because of the GOP’s inability to lead on immigration reform, the Republican Party has especially lost stock in the Southwest, a swing region that demographic experts say could gift decisive electoral college votes to the Democratic presidential nominee this November. That expectation, too, has raised Napolitano’s profile and contributed to what her detractors say is an overblown reputation.

“She is fairly risk averse and has a don’t-rock-the-boat leadership style. When the economy is doing well, as it was here in Arizona, people feel like their leaders are doing a good job,” says Darcy Olsen, president of the Goldwater Institute, a conservative Arizona think tank. “What’s happening with the increased strength of the Democratic Party in Arizona really mirrors what’s happening nationally. We haven’t seen enough evidence here to think this is necessarily some kind of a permanent change in Arizona.”

But many state Republicans admit that Napolitano has fundamentally changed the Arizona political game through her appeal to moderates, often playing the GOP’s pro-business constituencies against its anti-immigrant elements. Moderate Republican state Rep. Jennifer Burns remembers wistfully, “I can still picture the Democratic governor with the Republican president, walking the border,” referring to one of Napolitano’s photo-ops with President Bush. Farrell Quinlan, a Republican media strategist and spokesman for Arizona Employers for Immigration Reform, wrote on his blog, “I don’t relish the prospect of a continued strong Democratic Party effort up and down the Arizona ballot. But we Arizona Republicans have to come to terms with the fact that the days of pushover contests are over.”

What happens next in Arizona politics depends in part on how Napolitano’s political ambitions play out. It is clear that she is enticed by the idea of serving as attorney general in an Obama administration. Director of homeland security or secretary of the interior have also been mentioned as jobs that might intrigue her. When asked what she’d like to work on at the national level, Napolitano won’t name a specific position, but she makes a hard sell for her law-enforcement experience.

“I think at this stage, what I bring is that I’ve been an attorney general,” she says. As U.S. attorney, Napolitano brags, her work on border-related crime forced her to make “big decisions that require judgment and attention.” Like Hillary Clinton, Napolitano constantly emphasizes her experience, tenacity, and policy chops, often in a list-like deluge of information. It’s the sort of self-justification you rarely hear from leading male politicians, and a reminder that accessible, modest femininity is almost impossible to display alongside overwhelming political talent and ambition.

Napolitano will be term limited out of her current job in January 2011, two years after the new president takes office. If she leaves for Washington, D.C., before then, Secretary of State Jan Brewer, a Republican, will become governor. For that reason, most observers believe that unless Napolitano wins her dream appointment as U.S. attorney general—and she has lots of potential competition, including John Edwards—she’ll serve out her term. She is just too invested in the growth of Arizona’s Democratic Party.

But there are other possible scenarios. If John McCain

**“We Arizona Republicans have to come to terms with the fact that the days of pushover contests are over,” says one strategist.**

wins the White House, Napolitano would be able to appoint the Republican of her choice to fill his seat. She could choose someone loyal to her who would agree not to run as an incumbent in 2010, which would pave the way for an easy Napolitano victory should she set her sights on the Senate. Despite the ongoing buzz around Napolitano as a vice-presidential prospect, McCain’s victory in the Republican primary poured water over hopes that Napolitano had a crucial role to play in the 2008 presidential race. Arizona is seen as a completely safe pick-up for McCain.

What remains all but certain is that governor of Arizona won’t be the last high-profile job held by the whip-smart, preternaturally political Janet Napolitano. One associate goes so far as to say Napolitano won’t rest until she is the president of the United States. That said, many believe Napolitano’s nontraditional personal life—she has never been married and has no children—would thwart her chance at even the vice presidency. But it seems unwise to count her out. After all, this is a woman who was on Anita Hill’s legal team but managed to avoid being labeled a ball-busting feminist. A woman who can veto anti-immigration legislation and still remain immensely popular in what is perhaps the country’s most anti-immigration state. A woman with the guts to ask voters to raise their own taxes when gas is costing more than \$4 a gallon. And she’s just getting started.

“Some things I haven’t given up on,” Napolitano says about the health-care and transportation policies she’d like to enact during her last 18 months in office, despite firm resistance. “What’s that Monty Python line? ‘Not did yet!’” Then she guffaws. **TAP**



# Continental Drift

*As Europe suffers the effects of a financial crisis made in the USA, its left opposition parties are surprisingly stymied. For many Europeans, the hope for change is Barack Obama.*

BY ROBERT KUTTNER

I am on the road in Europe looking for the global opposition party. For three decades, the global governing party has imposed its program of market fundamentalism: Dismantle all barriers to flows of goods, services, and money. Deregulate and privatize the economy. Let bankers, brokers, and their hedge-fund clients go hog-wild. Keep cutting wages, retirement income, and other social protections in the name of competitiveness.

As former Prime Minister Margaret Thatcher of Britain famously declared, “There is no alternative.” Even in Europe, there seem to be few options but to go with the flow—and little political will to channel the flow for the greater public good, as center-left governments once did.

The results of this 30-year power shift toward global finance are now in. The record is modest economic growth on average, but with a drastic worsening of economic insecurity and inequality; a huge shift of wealth and power to global business; and degradation of the planet. Above all, the global unleashing of private finance has narrowed the role for national policy, undermining both the program and the appeal of left parties.

But there may be another path, another politics, on the horizon. For the excesses of deregulation have also triggered a severe financial crisis that no serious person defends. Meanwhile, the economic security of ordinary people keeps eroding. So ... where is the protest? Where is the swing back to a more managed and balanced form of capitalism? Where is social democratic Europe? Where is the Global Opposition Party?

## PARIS

Maybe it's in France. Whether the president is nominally a socialist like François Mitterrand or a conservative like Nicolas Sarkozy, the French don't like letting markets run riot. Ordinary French citizens may resent their bureaucrats, but they still look respectfully to *l'état* for protection. And well-financed public services in France remain excellent.

The French have had one modest banking calamity. A rogue trader named Jérôme Kerviel at Société Générale kept doubling down on bets and burned through \$7.6 billion before he was exposed. However, this scandal was a one-off.

The French have no sub-prime mess, because it is illegal for banks to foist deceptive loans on borrowers and because there are no unregulated storefront mortgage companies.

I interviewed more than a dozen senior banking and regulatory officials in Paris, most self-described conservatives, and they expressed a unanimity of horror at deregulation à l'Américaine. “I just can't believe that our American friends let this happen,” said a senior official at a French government agency. “It was insane, and we will all suffer the consequences.”

However, that doesn't mean France is the harbinger of a new progressive era. The French left failed to elect Ségolène Royal last year not just because Sarkozy was the better politician but because the left could not agree on how to make the French economy more competitive while simultaneously modernizing protections of the welfare state. Those who like the current system don't want to change it; those who don't benefit see little reason to support it. The blockage of domestic reform is seen as a permanent French condition.

Sarkozy is now monumentally unpopular at home, but as the incoming rotating president of the EU starting in July, he pledges to “moralize capitalism” on a larger stage. He proposes to tax exorbitant executive pay and to promote financial regulation at the EU level, including of bond-rating agencies. But France is just one country on a fragmented continent, most of whose leaders are content with milder approaches to address excesses. Even France's close economic ally, the Federal Republic of Germany, is drifting closer to the Anglo-Saxon camp.

## BERLIN

At first glance, Germany is having the last laugh. Where Britain is facing a recession caused by its own mortgage crisis and collapsing housing prices, Germany, despite the high Euro, is enjoying an export boom. It has the world's largest export surplus relative to gross domestic product, larger even than China's. That's because the Germans still make things, thanks to a tradition of patient capital and well-treated and trained workers. “We need a strong and competitive industrial base in order to have a strong service economy,” says Günter Verheugen, the German vice president of the EU. And while

Chancellor Angela Merkel is a conservative, she is not a Maggie Thatcher type. Rather, Merkel is the sort of paternalist conservative who invented the social market economy, as Germans term it, during the postwar boom.

However, though Germany still has remnants of a stronger welfare state, it has substantially imported the neo-liberal formula. Once, German enterprises were protected from speculative demands for fast returns by long-term bank financing with low-interest costs and by the strong role of unions on corporate supervisory boards and works councils. But after 1998, the Social Democratic–Green coalition government of Gerhard Schröder concluded that the Anglo-Saxon way would produce more dynamism. “There is no left or right,” he declared, “only the future or the past.” Government changed tax laws to favor shareholders over banks and embraced “maximizing shareholder value” as a national goal. German banks began emulating their British counterparts, looking for quick returns and fat fees.

In 2003, the law was changed to make hedge funds welcome. When private-equity firms began moving to take over German companies, many Germans saw a threat to their competitive model—a widely praised system of stable, innovative enterprises earning normal but not exorbitant profits and rewarding highly productive employees rather than stripping company assets. In 2005, the party chairman and labor minister, Franz Münterfering, famously termed private-equity firms “locusts.” But despite complaints, the German government has not acted to slow down the financialization of its economy.

Schröder’s government also bought the neo-liberal idea that Germany was suffering high unemployment because of “rigid” labor markets. (The more important reality, says Andreas Botsch, chief economist of the German labor federation, the DGB, is that the Federal Republic was suffering from unprecedented fiscal costs of subsidizing former East Germany and from sluggish domestic demand induced by wage cuts.) Changes in labor law enacted in 2003 and 2004 pushed millions of unemployed or retired Germans into the low-wage job market, reducing labor bargaining power across the board. Some Germans on welfare got modest net income improvements. But according to a new study by the Russell Sage Foundation, once-egalitarian Germany now has income inequality approaching U.S. levels.

German firms remain highly competitive today, mainly because wages have been cut to accommodate higher corporate profits. To the extent that German industry still finds money to invest in employees, much of the credit goes to pushback from the unions.

In 2005, former Finance Minister Oscar Lafontaine broke away to form a new Linkspartei (Left Party), made up of dissident social democrats, trade unionists, and former Communists. His party quickly captured enough voter support to meet the 5 percent threshold required to win seats in parliament. Today, Social Democrats, Greens, and Linkspartei deputies together have a majority in the Bundestag and in principle could form a government. But so great is their rage at Lafontaine’s defection that Social Democratic leaders chose instead to be junior coalition partners with Merkel’s Christian

Democrats. So while there is a German progressive majority-in-waiting, it won’t govern anytime soon.

#### INSIDE VS. OUTSIDE: THE NEW DUTCH DISEASE

Economically, the German labor policies epitomize a dilemma that afflicts much of Europe, often termed a “society of insiders and outsiders.” Core workers in the industrial economy and the public sector still enjoy job security, good social benefits, and representation by unions. But the core is dwindling. Decent protections are not being extended to the fringe—younger workers, unorganized ones, immigrants, many women, part-time and temporary workers, and much of the new service sector. Though the labor movement is belatedly doing more organizing, the unions and social democratic parties have been too willing to accept a two-tier society as the price of protecting their most loyal constituents. This strategy, notes Bruno Palier, a prominent French political scientist, is a form of slow suicide.

The insider-outsider problem is severe in France, Germany, the Netherlands, and Italy (where the left collapsed in the 2008 election). It’s more manageable in Scandinavia, where national bargains still deliver effective labor-market policies. These “flexicurity” policies give employers greater latitude to hire and fire workers in exchange for increased social protections, strong collective-bargaining rights, and subsidies to retrain and re-employ the displaced. The model is under assault from

**The problem is not that the state is incapable of acting to temper globalized capitalism. The problem is that in most nations, the state is in the wrong hands.**

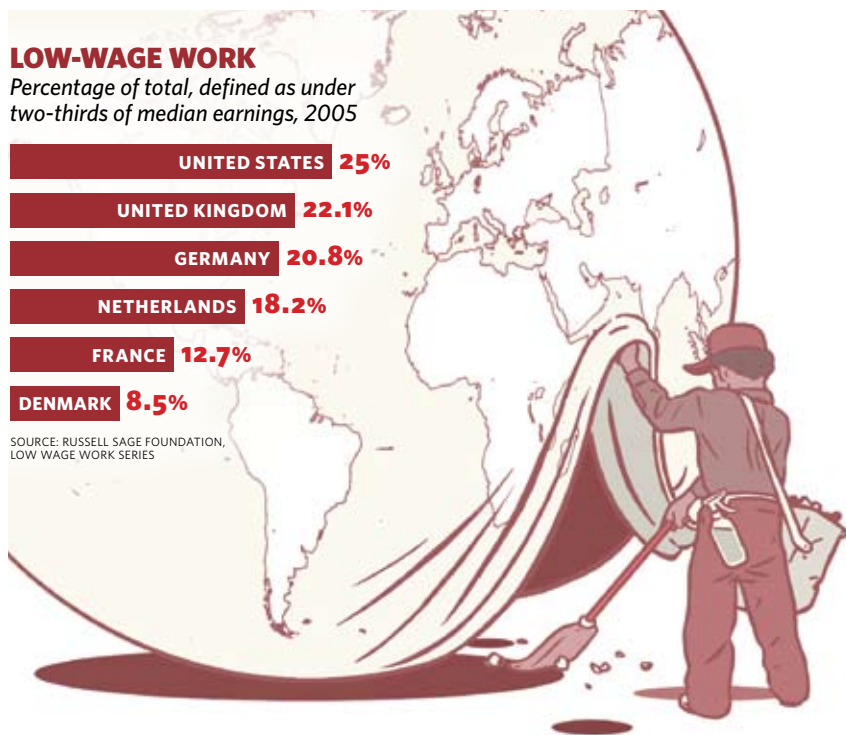
deregulated global finance seeking fast returns, sometimes at the expense of investment in technologies and workers. But for now, anyway, Scandinavia is still committed to a society of no outsiders, and the model is mostly holding.

Elsewhere, however, the insider-outsider problem not only widens inequality. It stunts the reach of left parties and alternative governing philosophies. When marginal workers most harmed by deregulation are offered little, then the political project of protecting all citizens from the ravages of laissez-faire becomes a fantasy. As recently as 1999, the center-left governed 13 of the 15 member states of what was then the EU. But since left parties did not deliver much, center-right governments have come to power nearly everywhere on the continent save Iberia, Austria, Norway, and Finland.

Here in the Netherlands, a much weakened Dutch Labor Party that governed effectively in the 1990s is now a shriveled junior coalition partner with the Christian Democrats. The two fastest growing parties are a populist anti-immigrant party on the right and a radically socialist one on the left. In a grand

bargain brokered in the 1990s, the Dutch version of flexicurity liberated companies to hire temps, maintaining social protections but at a lower level. At the same time, it extended standard social protections to part-time work, which many Dutch women experience as a net gain. But the bargain is not staying put and industry is now pressing for easier worker-dismissal laws.

Despite reduced unemployment, most of the net new jobs created turned out to be relatively low-wage ones—reinforcing the sense of a full welfare state only for some. The Dutch Labor Party president, Wouter Bos, now the finance minister, told a Social Democratic conference that I attended in late May, “We can’t do much to help people, but at least we can show more empathy.” This political box is not just the result of center-left myopia but the consequence of the much narrowed policy space caused by the unleashing of global finance—though center-left parties bear no small responsibility for colluding in that unleashing.



## BRUSSELS

Fifteen years ago, the European Union seemed the prime ideological counterweight to American-style capitalism. The European Commission president was a farsighted French modernizer, the socialist Jacques Delors. The EU ventured bold plans to build a unified economic market and a common currency, complemented by a social charter, to renew managed capitalism on a continental scale. But Delors, who served from 1985 to 1995, ended up building half a bridge. The social dimension never attained equal status with the core EU doctrines of free movement of capital, persons, services, and goods. I paid a call of homage on Delors, still vigorous at 83. He looks back on his tenure with wistful regret at what he left unfinished. “I succeeded in making a European monetary policy,” he told me, “but not European social or economic policy.”

Today, control of fiscal policy (government taxing and spend-

ing, and the use of surpluses or deficits) is divided among the European Union’s 27 member governments, while the EU’s rules severely constrain government borrowing. Money policy is now the province of the independent European Central Bank, but the ECB keeps interest rates high and the Euro dear. European progressives point out that the ECB’s needlessly tight money policy strangles Europe’s growth and leaves European social protections to take the blame.

European regulatory policy is a patchwork. Where the American Federal Reserve can cut deals like the bailout of Bear Stearns that presumably include greater surveillance over the acquiring bank, in this case JP Morgan Chase, the European Central Bank has no such regulatory role. Banking and securities regulation, meanwhile, remain mostly the province of the member nations, complicated by EU directives. Social policy—on workers’ rights, wage standards, pensions,

health insurance, the environment—is largely the responsibility of the 27 member governments but is constrained by EU policies. So even if there were greater political will for a more managed form of capitalism, Europe is institutionally splintered.

Europe has managed to back itself into a quite American dilemma. The U.S. Constitution was intended to make government activism very difficult. By contrast, Europe historically has had parliamentary systems. When a left party won a governing majority, it could enact its program. Thus, in the late 1940s the British Labour government of Clement Attlee could push through socialized medicine despite the fierce opposition of business elites, just as the Mitterrand government of the 1980s could nationalize French banks.

Now, however, the European constitution is looking more American. It has more fragmentation, more federalism, and more centers of veto power. Britain, of which more shortly, has used its influence in Brussels to block EU social legislation. Since it takes a strong state

to deliver policies to balance powerful business elites, the EU has become a net conservative force.

Indeed, Brussels today is often more in the role of Trojan Horse for laissez-faire than bastion of managed capitalism. With national center-right governments now dominant, most commissioners of the EU are less interested in advancing social counterweights than in accelerating free capital movements. Among the most fervent are the British, which is all the more galling since they come from a nominally center-left government, New Labour. In addition, Brussels keeps pressuring member states to privatize public assets like the German state-owned banks, which have contributed to the non-speculative financing of the industrial economy.

This conservatism is compounded by the new member states from Eastern Europe, where communism left voters skeptical of social democrats as well as of communists. In their eager-



ness to attract Western capital, the center-right governments of Eastern Europe have adopted policies of low taxes, little regulation, and scant social protections. This in turn puts pressure on the traditional welfare states of Western Europe to lower their own taxes, reduce protections, and cut wages lest they lose market share and jobs. With the requirement of super-majorities to make major EU policies, the conservative Eastern European bloc in Brussels contributes to a center-right lock on power.

Even more destructive is the interaction between weak social protections in the new member states and the EU's fundamental doctrine of free movement of capital, goods, services, and people. In 2004, an EU commissioner, Frits Bolkestein, issued a draft directive that gave employers in member nations the right to export their lower labor standards along with their migrant workers. Had Bolkestein prevailed, Poles working on construction projects in Germany would have been subject to Polish rather than German labor law. A fierce counteroffensive by the unions and social democrats limited the reach of the directive. But the challenge to labor standards is Hydra-headed. No sooner was that threat resisted than the European Court of Justice, in three recent cases, achieved by judicial fiat much of what Bolkestein failed to get legislatively.

One decision allowed a company based in Estonia to "re-flag" a Baltic ferry line that employed Finns, and reduce wages to Estonian levels. A second permitted a Latvian construction company to bring Latvian workers into Sweden. The company was required to meet statutory wage minimums, but the court held that it could lawfully reject collective-bargaining demands of Swedish unions. A third case, originating in Germany, denied local governments the right to set wage standards in government contracting. Oddly, the "global" threat to the EU model is less the distant undertow of China than the low social and regulatory standards of its own new members ... and one of its old ones.

## LONDON

In 1997, Tony Blair wagered that an entente with Britain's financial elite would make New Labour Britain's normal governing party. The Blair project has combined Thatcher's financial policy of deregulating and privatizing with some modest social reforms aimed at reducing poverty, investing more in children, and modernizing the National Health Service. By 1997, Thatcher's legacy of deregulation of capital had already made London Europe's most important financial center. In reinforcing that role, Blair was willing to anchor the entire British economy on a financial sector that was becoming increasingly speculative. But as the credit crisis reduces the exorbitant income of the financial sector, the British economic miracle is poised to go into reverse.

Blair's repositioning did not grow out of Labour Party deliberations. It was the work of a small cabal. After Blair won his landslide victory in 1997, he worked to cripple any party Parliament members who were not New Labour loyalists, co-opting some and isolating others. This capture of the Labour Party was so complete that today no organized faction to Blair's is left,

only a few brave individuals. The veteran Labour Member of Parliament, Frank Field, recently mounted a backbench revolt to prevent Prime Minister Gordon Brown from further shifting the tax load from the rich onto the poor; and John McFall, the able Scot who heads the House of Commons Treasury Select Committee, has exposed excesses of British deregulation. But to a far greater degree than in the Democratic Party of the U.S., the progressive wing of Labour has been largely destroyed. And if the hapless Gordon Brown should be defeated in the next election, or ousted in advance of it, any of several possible successors will be even more centrist than he.

**Because of the surprisingly perverse role of the EU, the best hope for a different path is for the U.S. to reverse roles and become once again the engine of a balanced form of capitalism, updated for the 21st century.**

New Labour has conflated British ambivalence about joining Europe with resistance to EU social policies that should come naturally to a labor party. For seven years, the Brits blocked a modest EU directive on protection of part-time workers, mainly to please their allies in British financial markets. Only when Brown found himself politically on the ropes at home this spring did he partly relent. The British Labour government even intervened before the European high court on behalf of the Baltic nations that wanted to flout Scandinavia's labor standards.

So if the practical failure of the market-fundamentalist formula has not yet produced a political counterrevolution, it is partly because nominal leaders of the center-left like Blair and Schröder and Bos (and Clinton) so thoroughly bought the neo-liberal recipe, leaving an institutional legacy that is difficult to reverse. Blair and Schröder not only neutered their own parties as counterweights to global finance but contributed to the ideological reversal of the EU. Even today, much of the nominal European center-left talks and acts like the right.

## THE GLOBAL OPPOSITION

And now for the good news. Lest this chronicle seem unduly pessimistic, it should be said that Europe remains far more of a mixed economy than the United States. Most Europeans enjoy universal health insurance, child-care and parental-leave benefits that Americans can only dream about, as well as stronger unions, better pensions, and higher minimum wages. Most of Europe's outsiders get better basic social protections than America's insiders. The ideal of social partnership remains strong, even if its substance is too weak. "Decent Work," pro-

moted by the unions and the International Labor Organization, resonates as a slogan that business finds hard to oppose.

The effort to modernize rather than scrap Europe's social model depends heavily on Europe's trade unions. The most important social counterweight to capital, not surprisingly, is labor. One can also find stirrings of the Global Opposition Party in the Party of European Socialists, the second largest grouping in the European Parliament. The PES leader is the former Danish prime minister, Poul Nyrup Rasmussen, the man most responsible for the Danish national policy of flexicurity. He and his colleagues have emerged as the European center of the opposition to financial domination of the real economy.

Meanwhile, global union federations, once moribund, have launched a new wave of coordinated international organizing. "The very size of global corporations is a kind of vulnerability," said Neal Kearney, head of the international textile workers federation, "because their brands rely on public goodwill." European trade unions, which used to spend little political capital on their brothers and sisters in benighted, union-busting regions like East Asia and the United States, are now vigorously using their power at home with global corporations to change company behavior worldwide. European unions have helped American unions oust union-busting managers in the U.S. subsidiaries of European hotel chains, cleaning and security-guard companies, and have put effective pressure on global giants with brand sensitivity such as Coca-Cola.

American unions have returned the favor in a surprising and hopeful way. In Europe, partly because most countries allow unions to represent workers who are not formally union members—this is the dried fruit of earlier live struggles—many unions have all but forgotten how to organize. And so the European labor movement is importing organizers from America, to learn the art of organizing all over again—the way France had to import California vines after the 19th-century phylloxera infestation killed French vineyards. Global labor organizing has resulted in dozens of "framework agreements" between global union federations and big multilaterals, committing the corporations to minimal standards of decency and to tolerance of union organizing. The challenge, of course, is to make these commitments meaningful on the ground, something I'll report on in a future piece.

While this article is mainly about political trends in Europe, there is a world beyond the Atlantic. Among the other trends that herald an ideological reversal are the worldwide challenge of global climate change; the rise of left parties and governments in South America; the demands by African nations to treat life-saving drugs as social goods rather than market commodities; the successful pushback against the one-size-fits-all prescriptions for privatization, financial speculation, and fiscal austerity of the International Monetary Fund and World Bank; and the fact that the most successful nations in East Asia never accepted the recipe of the IMF.

China, the world's largest creditor nation, has no truck with exotic derivatives and uses its banks straightforwardly to finance enterprises. With 10 percent annual growth, it must be doing something right. In a charming irony, the Chinese

chief financial regulator, Liao Min, recently admonished his Western counterparts: "They tend to overstate the power of the market and overlook the regulatory role of the government," he told the *Financial Times*. For now, China, with its lack of basic democratic rights and its alliance with global corporations, looks rather more fascist than social democrat. But one thing that it does not buy is financial neo-liberalism.

The fine details of an alternative global economic strategy are beyond the scope of this article. However, it would include a very substantial re-regulation of speculative capital, as well as the extension of labor and environmental standards to global commerce. Former Chancellor Helmut Schmidt of Germany has proposed a crackdown on regulatory and tax havens. For example, all banks that have accounts with the European Central Bank (all banks in Europe) could be prohibited from doing business with hedge funds and private-equity firms that operate from offshore havens with no regulation. And as the flexicurity policies of small trading nations such as Denmark and Sweden suggest, the death of the nation-state at the hands of the global market is much exaggerated. Good ideas to restore a more balanced economic system are plentiful. The problem is not that the state is incapable of acting to temper capitalism. The problem is that in most nations, the state is in the wrong hands.

As a consequence, the European model of managed capitalism remains politically unstable and institutionally vulnerable. Unless a counteroffensive gains political momentum, the model will only erode over time. And the Global Opposition Party—the international labor movement, the movement to save the planet, the socialists in the European Parliament, as well as the few genuinely left-of-center governments—is still no match for the power and momentum of global finance. But if one dares to indulge some audacity, there is hope from a surprising quarter.

#### WASHINGTON, D.C.

If you think American liberals are obsessed with the promise of Barack Obama, you should listen to European social democrats. Despite its weakened condition, the U.S. is still the world's most influential economy. Our friends in Europe are well aware that market fundamentalism originated in America—and will best be extinguished in America. For now, Obama is reaching out to a broad range of economic advisers. But judging by his one major speech on financial regulation, delivered at Cooper Union in March, his own views are startlingly constructive.

Because of Europe's institutional fragmentation, the power of global finance, the domination of center-right governments in major European capitals, and the often surprisingly perverse role of the EU, the best hope for a different path is for the U.S. to reverse roles and become once again the engine of a balanced form of capitalism, updated for the 21st century. So I conclude my tour with one more paradox. America, whose biggest export these days is toxic financial products and market-fundamentalist ideology, has brought the world's economy to this precarious pass. But if the pendulum swings back, that momentum will most likely begin in the United States. **TAP**

# America's AIDS Apartheid

*The domestic HIV/AIDS epidemic is increasingly black and Southern—and spiraling out of control.*

BY KAI WRIGHT

**T**he hope in Tracy's voice was contagious. He had just come out of Alabama's state prison system and was looking forward to starting over. He'd gotten some part-time work and secured a comfortable, if sparsely furnished apartment. He was a classic Southern hunk—a handsome, stout, mocha-skinned man with a slow drawl and a natural charm—and so had no trouble finding women to date. That was exciting but also scary, because Tracy had newly committed himself to confronting his 12-year-old HIV infection.

He beamed with pride at the progress he was making. "I talked to one," he bashfully boasted to me about his coming-out process to would-be girlfriends. She'd been pressuring him to have sex, and he knew he had to disclose first. "She appreciated my honesty." Things were going well.

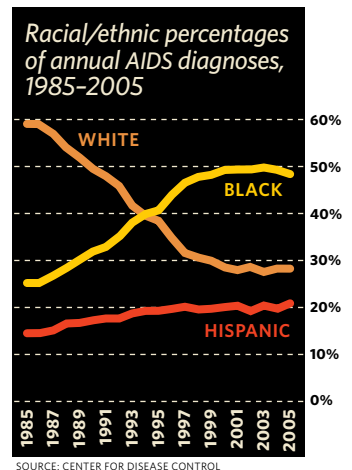
I wanted to be hopeful for Tracy, too. After more than a decade of writing about AIDS, I've come to recognize the liberated look on his face—the relief that shines in someone's eyes when he gives up on fear and shame and starts figuring out how to live with—rather than in spite of—an HIV diagnosis. But I knew Tracy would get little help on what was going to be a hard road to wellness, because his story arc is sadly typical of the epidemic that is now raging around him—years of denial masquerading as optimism, followed by a mad scramble to patch things up when it's already too late.

Tracy was diagnosed back in 1993, the first time he went into lockup. He got no counseling and no treatment, just the news that he was HIV-positive. He was outwardly healthy so, not surprisingly, he ignored this piece of overwhelming, incomprehensible information and went on with his life, bouncing in and out of jail. It wasn't until 2005, the year I met him, that Tracy finally came to understand the gravity of his situation. He'd gotten some education during his last stint in prison, after activists sued the state and forced it to provide meaningful care to the HIV-positive inmates. Who knows how many others he passed on the virus to in the interim. But to focus on missed HIV-prevention opportunities is crazy-making; they are too many to count. What mattered as I listened to Tracy describe his future was that, finally, he preferred reality to the false comfort of denial. That's more than I can say for both the federal and state-level response to the fast-growing ranks of people like him.

America declared a terribly premature victory over AIDS more than a decade ago, when new treatment regimens hit the market and dramatically halted the parade of young funerals. And there's no denying the progress: Today's death rate is a small fraction of what it was then. But controlling an epidemic isn't the same as ending it. We confused the two achievements and turned our attention to epidemics overseas. We've spent years watching with sympathetic awe as infection rates have spiraled upward in places like sub-Saharan Africa, where people have struggled to afford the lifesaving drugs we assume are readily available here at home. All the while, the U.S. epidemic has been barreling toward the precipice.

More Americans are living with HIV today than ever before—an estimated 1.2 million—and the number is increasing by tens of thousands annually. Worse, there's every reason to believe the problem is exponentially graver than we know. AIDS researchers and service providers have been anxiously awaiting a U.S. Centers for Disease Control and Prevention (CDC) study that is expected to find the epidemic to be far larger than believed. Yet, over the last eight years policy-makers have so neglected the care system that we cobbled together in the 1990s to control the epidemic that people have died, right here in America, while lingering on treatment waiting lists like those in the developing world.

Meanwhile, an AIDS apartheid has hardened here. John Edwards' two Americas are perhaps most clearly witnessed in the waiting rooms of AIDS clinics around the country. African Americans, who are 13 percent of the U.S. population, now account for a stunning half of all people living with HIV/AIDS and half of all those newly infected every year. The numbers are even more shocking when you look at the people among whom the virus is spreading most quickly. One depressing study of gay and bisexual men in five large U.S. cities found 46 percent





of black men to already be positive. *Nearly half* No population on Earth has registered infection rates that high.

Nowhere is this crisis more acute than in the southeast United States. What was once considered an urban, coastal epidemic—centered in gay havens like New York City, San Francisco, and Los Angeles—is now a surprisingly rural, Southern one. More than half of all new infections logged between 2001 and 2004 were found in the South. Those infections are far more likely to be found among Southerners who are black, low-income, and diagnosed with advanced conditions they do not have the resources to control.

Yet Southern state governments have only recently begun to understand that they preside over the new ground zero for America's AIDS epidemic. The AIDS clinic Tracy turned to for care was the only one serving the entire southeastern quadrant of Alabama. The clinic's efforts are heroic, but the thin network it has built is hardly enough to absorb demand in an area that's home to the state's highest per capita HIV-infection rate. That's sadly typical of the region. If the AIDS-care safety net is in tatters nationally, in many Southern states it never existed in the first place. Nearly three decades after the epidemic's start, America has so squandered its successes that we will have to entirely re-create them—or face a return to the days of the costly, painful, and needless deaths of thousands.

**AIDS HAS HAD A RACIALLY** lopsided impact on America from the start. African Americans accounted for roughly a quarter of AIDS deaths as early as 1985. But the definitive cleaving of AIDS into two epidemics came about a decade later, when a remarkable scientific breakthrough turned HIV infection into a manageable, if lifelong condition—for those with access to treatment.

The first AIDS drug, known as AZT, didn't hit the market until the latter half of the 1980s. AZT was actually first developed in 1964, through cancer research funded by the National Institutes of Health. It never panned out as a cancer drug and was shelved until HIV came along, when the patent owner, Burroughs Wellcome (now GlaxoSmithKline), brushed off the dust and began studying it as an anti-HIV medicine. A 1986 clinical trial found phenomenal success, and America quickly revved itself into the first of what would be a series of overly optimistic assessments of our ability to quickly and easily end AIDS.

AZT *did* momentarily halt death rates, but that success proved unsustainable. The drug slowed HIV's progression in the body but couldn't maintain long-term control. Science stayed on the virus' trail, gradually adding new drugs to the treatment arsenal throughout the early 1990s. The turning point, however, came in 1996, when Dr. David Ho walked into the biennial International AIDS Conference—reconvening in Mexico City this August—and shocked the world by demonstrating his ability to bring patients back from the brink of death.

Ho had been among a handful of ambitious, young researchers who aggressively pursued HIV from the epidemic's onset. He was already credited with, among other things, establishing that saliva doesn't carry enough of the virus for it to be transmitted via kissing and, conversely, that

HIV lives well in semen. In the mid-1980s, he was among the first to notice that a new HIV infection is usually accompanied by a brief period of flu-like symptoms, and much of his research from then on focused on how HIV behaves immediately after entering the body.

Conventional wisdom in the mid-1990s was that the virus sat dormant for years before launching its attack. Ho established that it actually engages the human body in a turf war from the beginning to the end—copying itself millions of times a day as it struggles to outpace the immune system. The take-away for Ho was that, contrary to treatment norms at the time, the immune system needs help *before* patients start getting sick, at which point the body is already losing the fight.

He matched the existing AIDS meds with a new class of drugs called protease inhibitors and bombarded the immune system with an intensive regimen. HIV couldn't mutate fast enough to get around this “combination therapy,” so the immune system could catch up with it and beat patients' viral loads down to immeasurably small numbers. After 15 years of steadily increasing death rates, the numbers fell by 21 percent in a single year. By 1998, mortality had dropped by an astounding 70 percent.

**America declared a terribly premature victory over AIDS more than a decade ago, but controlling an epidemic isn't the same as ending it.**

It was morning in America. *Time* magazine named Ho its 1996 Man of the Year. *The New York Times Magazine* ran a cover story titled, “When Plagues End.” *The Wall Street Journal*, *Newsweek*, and others chimed in with similar speculation about the end of AIDS. In a sign of just how nonchalant we became, it wasn't long before the treatment Ho dreamed up became popularly known as the “AIDS cocktail”—an odd moniker for something that's far more akin to a lifelong chemotherapy treatment than happy hour. Drug company ads featuring buff men rock climbing and mountain biking proliferated—people with AIDS, once pariahs, got modeling opportunities.

The much-touted magical turnaround was, however, uneven from its start. The drugs are extremely expensive, today costing as much as \$20,000 for a year's treatment, not counting all of the auxiliary care and meds that are needed to stay healthy. Moreover, making them work well means having medical providers schooled in a rapidly changing, cutting-edge treatment science. Black Americans are less likely to have either of these resources, and the racial differential in AIDS death rates reflects that fact. Indeed, the death rate for 1996 marked two huge turning points in the epidemic: Not only was it the first year in which fewer

people died than the year before, it was also the first year in which more blacks died than whites. By 2004, nearly twice as many blacks as whites died from AIDS.

 **MORE ONLINE** Activists discuss the national HIV/AIDS policy America should adopt. [www.prospect.org/onlineextras](http://www.prospect.org/onlineextras)

All signs point to that disparity growing, in part because the number of African Americans infected is likely higher than we know, particularly in the South. The CDC has tracked the epidemic by counting the number of people who test positive each year and extrapolating from that an estimate of the total number infected. Until now, researchers haven't been able to differentiate between an infection that happened three months ago and three years ago—which means they can't tell how fast or slow the virus is spreading, or where and among whom. At press time, however, the CDC was preparing to release the results of a closely guarded study that deploys new technology to determine how long ago a newly diagnosed infection took place. The study is expected to raise the agency's estimate for the size of the epidemic by as much as half, a growth driven by infections among African Americans.

The million-dollar question, of course, is *why* blacks are so much more likely to both get infected with and die from HIV. The theories are manifold, ranging from biology to public-policy failures. On the policy end of things, one villain is clearly

effective treatment lowers the amount of HIV in an infected person's blood, black people are therefore more likely to pass on the virus during unprotected sex.

And so the widespread existence of untreated HIV inside small, overlapping black sexual networks makes someone inside that network all the more likely to encounter it, meaning the same decision about whether to have unprotected sex involves far greater stakes. It's an insidious, self-reinforcing loop.

**WHATEVER IS CAUSING** the racial disparity in infection rates, it is ultimately going to collapse the system we built to make AIDS care accessible in the United States. The fast-growing African American epidemic is both heavily reliant upon the public-care system and deeply Southern. Two-thirds of black people getting AIDS care pay for it with public insurance. And nowhere are the racial disparities in who's getting infected more stark than in the South. South Carolina's epidemic is 74 percent black. North Carolina's is 68 percent. Alabama's is 64 percent. These states have been utterly unable to meet the demand those numbers reflect.

When I met Tracy in 2005, Alabama was experiencing what everyone hoped would be a wake-up call. The state-run program that makes AIDS drugs affordable to uninsured patients had a waiting list of more than 600 people. The previous year, the national total for people waiting for treatment had hit an all-time high, at just over 1,600. So, in what has been a decades-long pattern of piecemeal solutions to AIDS, the feds and the state patched together emergency funding and cleared Alabama's list.

By 2006, AIDS-funding problems were cropping up elsewhere in the region. South Carolina had replaced Alabama as the crisis of the moment. That November, after months of warnings from AIDS service providers around the state, the health department confirmed everyone's fears: Three people had died while waiting for access to the AIDS Drug Assistance Program, known as ADAP; a fourth died less

than a month later. South Carolina's waiting list was finally cleared last summer, but the state has long been a standout offender in turning away people who can't afford AIDS medications. The state's waiting list has averaged just over 300 people since the summer of 2002, giving it the second-worst record in the country, behind neighboring North Carolina.

When AZT hit the market in 1987, its whopping price tag of \$10,000 for a year's treatment spurred AIDS activists to storm the stock exchange and blockade the Food and Drug Administration, demanding the price come down. Congress responded by handing out a series of small, one-time grants to states and cities to subsidize the price of AZT. The 1990 Ryan White CARE Act finally created what was to be a soup-to-nuts response, setting up a Byzantine formula to distribute money to cities and states based on the intensity of their individual epidemics. Local health departments spend the federal money on a range of services needed to keep people healthy, including ADAP.

The CARE Act has been remarkably successful in keeping



**Domestic Epidemic:** The number of black Americans infected is likely higher than we know.

the prison system. One of the many ways in which the massive forced migration of black men in and out of state and federal lockup destroys communities is through spreading disease. "It's definitely in there," says Tracy of the sex he saw in prison. "And ain't no condoms." Just two states allow condoms behind bars, virtually ensuring the spread of infectious diseases. Forward-thinking researchers have begun tracking how that reverberates into the broader community, perhaps explaining why two-thirds of new infections are logged among black women.

Regardless of what goes on inside prisons, the act of churning so many men in and out of black neighborhoods is itself a disease vector. Research shows that black women are more likely than women of other races to be serial monogamists, cycling through relationships with a small circle of men who come in and out of their lives—which means once one person in that circle gets infected, the virus spreads through it like brush fire. Black Americans with HIV/AIDS are also far less likely to be in treatment than their white peers—and because

low-income Americans with HIV/AIDS alive. Medicaid and Medicare are the nation's largest payers for AIDS treatment, but ADAP fills the growing gap between those poor enough to qualify for public insurance and those with robust enough private insurance to afford the high-end medical care an HIV infection demands. However, as the legislation's name implies—it's the Comprehensive AIDS Resources *Emergency* Act—lawmakers never understood it as a permanent entity that would require ongoing and increasing support.

David Ho's treatment revolution turned the AIDS-care safety net from a hospice program into one that subsidizes exorbitantly expensive long-term treatment. Drug costs for people enrolled in ADAP reached an estimated \$1.2 billion last year. That level of spending has simply proven unsustainable, particularly in Southern states, which are home to more than a third of ADAP clients. The South's budget troubles are partially due to the fact that Southern state legislatures don't chip in to support the program as much as those in the Northeast and West, leaving the health departments more heavily dependent upon federal money. Southern AIDS activists insist, however, that Washington shares some blame because the CARE Act's complicated funding formula has for years been weighted in favor of the cities and states with older epidemics.

## Responding to AIDS will require a comprehensive public-health commitment rather than finger-in-the-dam, emergency measures.

But no matter how Congress divides the money, the reality is that there's just not enough to go around. Even as ADAP has grown exponentially, the federal contribution to it has either remained flat or, as it did last year, declined. Similarly, the CARE Act has not seen a meaningful funding increase since 2003, despite the fact that the epidemic hit a record high in 2005 and has grown by anywhere from 40,000 to 60,000 infections a year since then. And according to the federal agency that administers the CARE Act, nearly half of those people will turn to the program for help. Whether they'll find it depends on where they live.

The system has survived thus far on a series of last-minute rescues. When waiting lists hit their peak in 2004, the White House shepherded through Congress a one-time infusion of cash to 10 states with backlogs. In 2006, Congress gave the program another one-time shot in the arm. Several states have also been able to shift drug costs into the expanded Medicare program. And some Southern states, most notably South Carolina, have finally cobbled together their own AIDS-care budgets. By September 2007 there were, for the first time, no waiting lists. Few expect that victory to survive the fiscal year, however.

The recurring funding shortages are owed in part to the same ideological nickel-and-diming that's undermined a wide range of domestic programs in the Bush era. But it is also clear

that America has never come to grips with the fact that AIDS demands a comprehensive, ongoing public-health commitment rather than finger-in-the-dam, emergency measures. Here's a telling fact: The U.S. has never had an overarching national plan for responding to AIDS, something that we make a prerequisite for any poorer country seeking foreign aid to deal with its own epidemic.

**THE DISARRAY CAUSED** by this lack of planning reaches past ADAP, or even the broader net of HIV/AIDS treatment and care. Last spring, CDC director Julie Gerberding convened what the agency billed as a historic meeting of African American community leaders to enlist them in launching a new, comprehensive prevention push. Gerberding implored a crowd that ranged from Urban League executives to rap star Ludacris' mom to make HIV a priority. "You can't solve big problems with small investments," Gerberding said wisely. "You need big investments to solve big problems." She vowed to take the same message to Congress.

No one listened. The CDC's HIV-prevention budget has never topped \$800 million and has declined or remained flat every year this century. The only area of the prevention budget that's increased in recent years is that for testing, though even that money has actually come from moving cash out of other piles, according to the Community HIV/AIDS Mobilization Project.

The CDC has made testing the central plank of its prevention work. The agency cites studies that show roughly a quarter of all HIV-positive Americans don't know they are infected and that these undiagnosed cases are fueling the spread of the virus. So in 2006, the CDC changed its guidelines for hospitals and began recommending that every patient aged 13 to 64 be tested for HIV, rather than just those that report behaviors known to be particularly risky. It also streamlined the process, getting rid of a long-standing recommendation that clinicians provide counseling alongside testing. The change raises many difficult and uncomfortable questions. No one can argue with the goal of getting more people diagnosed, but is it enough to matter? It took Tracy 12 years to deal with his infection after he got diagnosed without counseling. And once hospitals identify the unknown hordes of HIV-positive patients, how will we provide them with treatment and care when the system is already overloaded?

Then again, maybe that's the catastrophic push we need to find a lasting solution to caring for people living with a disease that demands at least \$12,000 per year in treatment to stave off death. The CDC's AIDS-prevention director, Kevin Fenton, warns, "The long-term costs of not diagnosing [infections] are going to be tremendous." It's only a question of whether we do it on the front end or, like the developing-world countries we look at with such pity, we do it after so many people are infected that the problem becomes unmanageable. Fenton put it best when he defended the testing push shortly after its rollout. "Whichever way you look at it, we're going to have to deal with this epidemic in real ways." **TAP**

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*Kai Wright is publications editor of the Black AIDS Institute and author of Drifting Toward Love: Black, Brown, Gay and Coming of Age on the Streets of New York (Beacon Press).*



# Culture & Books

*"Zittrain wants us to understand that the freedom the Internet affords is far more precarious than we may have realized."*

— PAGE 41



**Takes One To Know One:** Christian Lander, white man blogger, and his *New York Times* (No. 46)

## MEDIA

### THE WHITE STUFF

*What does an extremely popular new blog about white culture tell us about race in America?*

BY SAMHITA MUKHOPADHYAY

THEY LIKE RUNNING MARATHONS and eating sushi, venerating Jon Stewart and bragging about not owning a TV. They talk endlessly about HBO's *The Wire* and dance self-consciously to '80s music. They're into "irony" and have a tendency to threaten to move to Canada.

"They" are white people, and they're the subject of "Stuff White People Like," a flavor-of-the-moment blog that, since appearing in January of 2008, boasts nearly 30 million hits. There are over 100 numbered entries, including Having Two Last Names (entry No. 22), Dinner Par-

ties (No. 90), Arts Degrees (No. 47), and, yes, Barack Obama (No. 8). Think of it as a project to affectionately examine the classic conservative description of "latte-drinking, sushi-eating, Volvo-driving, *New York Times*-reading" liberal elites. But despite the name, it's not about white people, not really. It's about a certain kind of highly educated, generally young, culturally liberal white person who has enough disposable income to discover an affinity for kitchen gadgets (No. 54). And it's written by just such a white person: 29-year-old Christian Lander, an Internet copywriter who recently snagged a

\$300,000 advance for a book based on the blog, which hits shelves this month.

Commentators and bloggers of all races have hailed the site as groundbreaking. Some have said it is edgy and deals with white privilege in a real way; others have said that it is a refreshing and funny take on racism in our culture. But this is true more on an implicit than explicit level. Even though some posts deal directly with race, such as the entries on Diversity (No. 7), Being an Expert on YOUR Culture (No. 20), and Being the Only White Person Around (No. 70), Lander didn't set out to write an academic treatise on whiteness. Rather, he set out to joke about it. What sets it apart from the hundreds of other well-written, funny Web sites is that it's hit a nerve—especially because it appeared at a time when America was captivated by the issue of race in the presidential primary. And so it's worth thinking about exactly what this blog tells us about whiteness and why its mostly white, affluent audience has so enthusiastically embraced this gently mocking rundown of their culture.

Part of the reason Stuff White People Like is a "safe" place for white people to talk about race is because Lander fits the exact profile he mocks: He's a white, 20-something, "creative class"-type based in Los Angeles. The blog is primarily a place for white people to chortle at the oddities of race and class and then congratulate themselves for having done so, thus neatly avoiding the need to delve any deeper. Or, conversely, they may like the blog because it allows them to disassociate themselves and laugh at *those* white yuppies. The core message is that it's OK to be rich and white, as long as you laugh about it. No further analysis required. It's a message that, unsurprisingly, rich, white people love to hear.

It's worth wondering if such a blog

could have thrived were its author a person of color. Would white people still read it and find the humor affectionate? Or would they suddenly detect a more harshly critical undertone? There are many people of color who write regularly (and yes, sometimes even with a sense of humor) about racism and whiteness, but they're not getting six-figure book deals. In effect, Lander is rewarded for being white, even though he is making fun of white people. To his credit, he is self-aware enough to mock this irony. He broke the news that he had a forthcoming book by publishing an entry on Stuff White People Like titled, "Book Deals" (No. 92). But that doesn't change the fact that, were he a person of color, No. 92 might instead have been "Calling Me A Racist."

To be sure, I find the site funny, and much of it rings true. I live in San Francisco, land of Prius drivers (No. 60), gentrified neighborhoods (No. 73), and Asian enthusiasts (No. 11), and have had many "aha" moments while reading the

blog. The city is such a perfect example of yuppie white culture that it even has its own entry (No. 91). As a person of color living in a town that has been brutally gentrified and is now home to lots of white, self-described "global citizens," it feels good to read a blog that expresses a lot of what I think about the liberal white culture that dominates the city. In some sense, it's all the more powerful because it's written by a white man rather than by a person of color. We're usually the ones stuck pointing out these things.

People of color appreciate Stuff White People Like because it makes visible the assumed invisibility of a certain type of white culture. In doing so, it opens the door to the admission that, yes, white culture is a distinct, often peculiar, and even varied phenomenon. It is not simply "American culture," or worse, "the culture." I grew up hearing white friends say, "You are so lucky to have a culture," and I remember thinking, "Dude, you have a culture, too." But they didn't see it as a culture. It was too pervasive, too

synonymous with "American" for them to feel ownership over it, even though it clearly excluded people of color. The mere fact of pointing out that a dominant white culture exists and has implicit membership requirements and shared references will earn you a lot of fans among people of color.

To be sure, not all white culture has escaped scrutiny. Jeff Foxworthy has been on the comedy circuit (and on TV) for decades. And what about *Roseanne*, or the Canadian show *The Trailer Park Boys*, or the Blue Collar Comedy Tour? True, this segment of pop culture examines working-class whiteness, often quite critically. What makes Stuff White People Like special is that it describes relatively wealthy white Americans, and in doing so, recognizes that their particular culture has been mainstreamed and presented by Hollywood as the norm. It's as much about class as it is about race. To consume or participate in most of the activities and products featured on the blog—in other words, to identify

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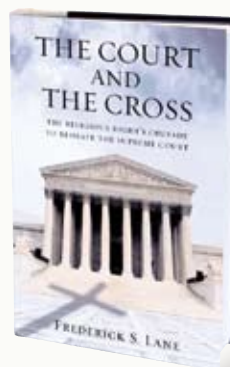
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with it—you need a good amount of disposable income. The implication is that white is synonymous with wealthy. In many ways, Stuff White People Like is speaking to a class divide as much as a racial one and is helping lay bare the ways in which the two interact and are often conflated.

But if Stuff White People Like isn't mocking all white folks—just those who are wealthy urbanites—what about people of color who fit that profile? Many upper-class people of color can relate to the blog. We eat expensive sandwiches (No. 63) and listen to public radio (No. 44), too. But if you are a person of color who likes a lot of the same stuff white people like, does that make you white? A sell-out to your own culture? Are you not a “real” person of color?

It is perhaps for this reason that Stuff White People Like has spawned a number of unaffiliated spin-off sites such as Stuff Educated Black People Like, Stuff Lesbians Like, and Stuff Asian People Like. (I even considered starting a blog called Stuff Feminist People Like.) Part of the motivation for these sites could be that people of color are tired of being labeled a “sell out” to their ethnic group for participating in mainstream white culture. But while people of color can relate to some aspects of Stuff White People Like, they can't relate fully because of other characteristics of their identity. This is what makes Stuff White People Like so powerful. It encapsulates the potent *combination* of factors that define upper-middle-class white privilege. As a person of color, you may relate to these factors in *some* way, but you can never fully inhabit that culture unless you benefit from being class-privileged and white at the same time. (In other words, unless you're exactly like the blog's author.) People of color might laugh at and see aspects of themselves in some of the Stuff White People Like, but the relationship is an uncomfortable one, always repositioning whiteness at the center.

Some people will protest that Stuff White People Like is just a humor blog, and it need not be taken so seriously. But that's the point. When you're part



**Lorem Ipsum Semper:** Cum in henit digniat wisit amet iliquam lobore lorem ipsum sit amet semper.

of the dominant culture, you don't have to be self-aware about the assumptions in your own product. You don't have to examine how you overlap with, and set yourself apart from, other cultures. Meanwhile, the vast majority of owners of pop-culture outlets are white and wealthy, as are the people producing the content. So though it may be just a start-up humor blog, Stuff White People Like has an impact on the dominant narrative on race and class. It hinges on the belief that wealthy, white, male, heterosexuality is the central and dominant

category, and everyone else is compared to that in varying degrees of whiteness or otherness. Stuff White People Like is by white people, for white people. What sets it apart is that it admits that, even if it claims to do so jokingly. **TAP**

**Samhita Mukhopadhyay** is the training and technology coordinator at the Center for Media Justice, a grass-roots nonprofit that defends the communications rights of disenfranchised people. She is also a freelance writer and blogger at Feministing.com.



## BOOKS

## PARTISANS' PROGRESS

UNEQUAL DEMOCRACY: THE POLITICAL ECONOMY OF THE NEW GILDED AGE

BY LARRY M. BARTELS, Princeton University Press, 325 pages, \$29.95

BY THEDA SKOCPOL

THE 2008 PRESIDENTIAL ELECTION is shaping up to be a once-in-a-generation opportunity for Americans to break with the past. Barack Obama and John McCain each appeal to independents as well as core partisans yet differ sharply by age and ideology. Obviously divergent in their approaches to American global leadership, they are even more at odds in economic and social policy. McCain promises a continuation of free-market nostrums and upward-tilting tax breaks—essentially further rounds of Reaganism and Bushism. Obama promises to reorient taxes and benefits to help the beleaguered American middle class and less privileged families hoping to join it.

In *Unequal Democracy*, his new book on the effects of partisan politics and public policy on economic inequality, Princeton political scientist Larry Bartels casts provocative light on what's at stake when Americans go to the polls. Drawing on disparate quantitative studies, Bartels makes a strong case that rising income inequalities are not merely inevitable concomitants of technological and global changes but hinge on political choices. He also takes sharp issue with those who portray Democrats and Republicans as Tweedledum and Tweedledee, drawn to middle-of-the-road policies to appeal to the median voter. On the contrary, Bartels shows, Republican and Democratic politicians and partisans have sharply different beliefs about social inequality and support policies with opposite distributive consequences. Senators of different parties representing the same states vote very differently. And while the privileged make sharp gains in income during Republican administrations, lower- and middle-income Americans do better under Democratic presidents. At scholarly conferences for the past several years, Bartels has

shown graphs with these striking patterns, arousing skepticism because the exact mechanisms that presidents use to produce such radically different effects remain murky. But in this book, Bartels makes an incontrovertible case that election results do matter—and it is easy to see how the 2008 outcome could be another case in point.

An obvious question arises, though. If Democratic officeholders have done more to help the middle class and the poor, why haven't they enjoyed a solid string of electoral triumphs during the 1980s and 1990s, as ordinary people have experienced income stagnation

*The privileged make sharp gains in income during Republican administrations, but lower- and middle-income Americans do better under Democrats.*

and shrinking benefits? Americans value equal opportunity and sympathize with underdogs, Bartels reports; likewise he challenges the fashionable notion that working-class white voters ignore their economic interests to vote on cultural and life-style issues—guns, religion, and abortion. Outside of the South, he argues, white voters in the lower third of the income distribution continue to vote on economic issues, and more of them support Democratic presidential candidates. While all Americans pay more attention to cultural issues than they did decades ago, the shifts have been strongest for middle- and upper-income voters, not for the least privileged.

In Bartels' depiction, voter "myopia" is more important than cultural distraction. Ordinary citizens have trouble connecting values to particular policy differences, such as debates about alternative tax measures. And voters can be fooled. In

the year before presidential elections, for example, conservatives feature populist policy moves, and voters tend to reward such short-term measures rather than properly assess how they have fared over an entire presidential term. This fall, if Bartels is right, we can expect highly touted populist gestures from McCain and Bush—and these moves may take in some less privileged, low-income voters (though maybe less so this time than in most elections, if the master trends in the economy are overwhelming and unmistakable).

*Unequal Democracy* strikes me as both convincing and radically incomplete. Bartels persuasively shows that partisan choices matter, and he offers a useful corrective to the notion that white lower-income voters are abandoning the Democrats. Yet he relies too much on a few national surveys and misses much of the changing shape of the polity. Whites, after all, make up a declining proportion of the voters in the lower third of the

income distribution, and the Democrats, like the Republicans, must manage complex and changing alliances. Over the past four decades, Democrats have struggled to bridge racial and ethnic divides and found it hard to forge new, post-New Deal coalitions linking the middle strata and the poor.

American electoral contests don't express national trends in any simple way; they're patchworks in a federal system. The task Democrats face is to stitch together (often narrow) majorities in industrial states with victories on the coasts where ethnic minorities and upper-middle-class professionals weigh more heavily in their support base. Blue-collar unions have declined since the 1970s, while advocacy groups pushing minority and lifestyle issues have proliferated, reshaping public agendas. No wonder progressives have a hard time offering a clear set of com-

selling policies to economically struggling citizens.

In perhaps his most important omission, Bartels does not say enough about the changing mix of public policies that liberals and Democrats have been identified with in recent decades. In some areas, such as preserving Social Security, Democrats have made choices that the great mass of voters recognize and understand. Research by Massachusetts Institute of Technology political scientist Andrea Campbell shows that lower- and middle-income elderly voters are anything but myopic when it comes to protecting their retirement benefits. They know what is at stake and vote with unusual evenness across class lines for politicians who will protect Social Security and Medicare. But since the 1960s, working-aged, working-class voters have not had the benefit of such visible, easy-to-grasp support from the U.S. federal government. When it occurs at all, redistribution for them often takes the form of opaque budgetary or tax measures such as the Earned Income Tax Credit or subsidized bank loans to college students.

Arguably, the U.S. federal government has done little in recent times for average non-elderly Americans, and what little it has done is often hard to decipher without advice from a tax attorney. The problem, in short, may not be as much citizen myopia as timid and opaque government, not to mention wimpy Democrats. For all his stress on the difference partisanship can make, Bartels shows that U.S. government aid to lower-income and middle-class working Americans has been entirely inadequate to stem the tide of rising economic stress since the 1970s. If ordinary citizens do not fully comprehend what government might do for them, who can blame them?

So far, the debates of the 2008 election raise the exhilarating possibility that a long era of government neglect may come to an end, as Democrats make bold promises and masses of voters pay attention and turn out. Will the excitement of the Democratic primaries carry through the general election? And if they

triumph at the polls in November, will the Democrats overcome the obstacles they'll face and deliver the goods? Only if they find ways to fashion comprehensible policies that actually enhance security and opportunity for most Americans will the circle of voter support and partisan choice that Bartels probes turn benign. Only then might the trajectory of American politics truly shift, through a new

era of progressive reform and revitalized citizen engagement. **TAP**

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## BOOKS

# FREEDOM'S FUTURE ONLINE

## THE FUTURE OF THE INTERNET AND HOW TO STOP IT

BY JONATHAN ZITTRAIN, Yale University Press, 352 pages, \$30.00

BY PAUL STARR

THE DELIRIUM AND DELUSIONS that surrounded computing and the Internet in the 1990s have given way to a sentiment just as dangerous—complacency. It's not just that yesterday's wonders have so quickly become routine; most of us also take for granted the basic workings of the digital environment, including the freedom for experimentation that it affords. Countries like China may control the Internet, but in our society don't the free market and the open, untamed wilds of cyberspace make it nearly impossible to clamp down on innovation?

If that's what you think, you need to read Jonathan Zittrain's new book, *The Future of the Internet and How to Stop It*. A professor of law and Internet governance and regulation at Oxford, Zittrain is one of a group of technically literate legal scholars who have clarified what's at stake politically, economically, and culturally in choices about the architecture of the new media. The role of this group—others include Stanford's Lawrence Lessig and Harvard's Yochai Benkler—is itself noteworthy. They have become an important source of intellectual renewal in contemporary liberalism, showing how to translate constitutional principles and democratic values into the emerging digital world.

Zittrain's work neatly complements

Lessig's and Benkler's. In his 1999 book, *Code and Other Laws of Cyberspace*, Lessig warned that the Internet might evolve from a technology of freedom into a technology of control, and in a recent second edition, *Code Version 2.0*, he points to Zittrain's work as spelling out how that could happen. Benkler's 2006 magnum opus, *The Wealth of Networks*, argues that the networked information economy and public sphere offer improved possibilities for realizing such liberal values as personal autonomy, democratic participation, and a critical culture. The tenor of Zittrain's work is more pessimistic, but like Benkler, Zittrain favors approaches that "go light on law" and rely instead on the new technology's capacity for facilitating voluntary social coordination on an unprecedented scale.

For Zittrain, the very qualities that make the personal computer and the Internet so valuable are the source of their vulnerability and possible undoing. At the core of his thinking is a distinction between what he calls "generative" and "sterile" technologies. Generative technologies allow anyone to build upon them without permission, whereas sterile technologies are controlled by their manufacturer or owner. The generative/sterile distinction isn't exactly the same as the one between open-source and proprietary software. Microsoft's operating

systems are proprietary, but in Zittrain's terms they're nonetheless generative because they can be built upon without Microsoft's approval.

"The PC revolution was launched with PCs that invited innovation by others. So too with the Internet," he writes. "Both were designed to accept any contribution that followed a basic set of rules (either coded for a particular operating system, or respecting the protocols of the Internet). Both overwhelmed their respective proprietary, non-generative competitors, such as the makers of stand-alone word processors and proprietary online services like CompuServe and AOL."

Zittrain's analysis illuminates why the triumph of the Internet over its well-financed proprietary rivals was so significant for creativity and innovation in the world. As he explains, the proprietary networks were not "user-programmable"; a computer connecting to CompuServe, for example, was configured as a dumb terminal and could exchange only data, not programs. That made the proprietary networks more secure but also slow to evolve—they had only the features that their owners decided would be profitable.

In contrast, the Internet has been open to innovation at every level, from its physical infrastructure to its logical layer (software), to its higher levels of content and social organization. Many contributions have come seemingly out of nowhere, from people without credentials or investors. For example, Trumphet Winsock, the original program that allowed PCs running Microsoft Windows to connect to the dial-up servers of Internet service providers, came from a hobbyist in Tasmania, Peter Tattam, who distributed the program as shareware. When the computer scientist Tim Berners-Lee created the html markup language that generated the Web, no network authority had chosen him to do it or gave its approval. These and other innovations were not planned; they were made independently and just spread.

From its beginnings, the Internet was designed to permit computers to send and receive programs and to be run by other computers from a distance. This has been one source of both its versatility and its vulnerability. "On the Internet," Zittrain points out, "the channels of communication are also the channels of control."

The result has been, in Zittrain's phrase, a "generative trade-off." On the one hand, the combination of generative PCs linked together in a genera-



*The days of relatively innocent hacking are over; today there is "a business model" for malware, and skillfully designed viruses have become "valuable properties."*

tive network has unleashed innovation and enabled the Internet to evolve new capacities and resources at an astonishing rate. The explosion of social media—blogs, wikis, social news sites like Digg, Facebook and other social-networking sites, Flickr, YouTube, and so on—is just the latest wave in this process. On the other hand, a generative network of generative PCs has also been a fertile environment for new pathologies such as spam, viruses, and "malware."

Zittrain warns that this downside now threatens the entire generative system. Internet security incidents have been growing at a geometric rate, millions of poorly protected computers are connected by broadband in an always-on state, and computers can be infected merely by

surfing a compromised Web site. Moreover, the early days of relatively innocent hacking are over; today there is "a business model" for malware. The creators of bots—software robots that spread virally over the Net—can seize control of PCs and, unbeknownst to their owners, turn them into "zombies" awaiting further instructions. Millions of PCs, perhaps yours, are already acting as e-mail spammers, and the same techniques can be put to more serious purposes, such as coordinated attacks on commercial Web sites to extort money. As a result, skillfully designed viruses have become "valuable properties."

Zittrain writes that these proliferating troubles could well lead more people "to prefer security to generativity." The shift in sentiment could come through a gradual deterioration of confidence in the Internet (for example, through increased incidents of identity theft) or as a result of a catastrophic breakdown. To protect themselves, instead of buying devices with open platforms for unpremeditated uses,

many people would increasingly opt for safe "information appliances," that is, devices like the iPhone whose software is centrally controlled and therefore more effectively guarded. And computers themselves may increasingly get locked down, as they already are in many companies, universities, and other organizations where network administrators control the programs that can be loaded on individual machines.

This shift could occur even if people don't make a conscious choice for greater security. The more people rely on cell phones rather than PCs as the platform for online communication, the more they will likely move from a generative to a sterile technological environment. And "cloud computing"—that is, using the PC



essentially as a dumb terminal and relying on programs residing on giant servers run by companies such as Google—would also be a big step in this direction.

Besides inhibiting innovation, a sterile technological environment creates another risk for freedom. Even if the control remains in private hands, the more individual activity depends on programs controlled from a central point, the more amenable that system becomes to government surveillance and regulation.

The thrust of Zittrain's book is that the shift back toward sterile technology cannot be entirely avoided, though the dangers can be mitigated. Instead of relying wholly on formal governance institutions or commercial security vendors to make the Net secure, Zittrain has specific proposals and initiatives already under way to use generativity to solve the problems of generativity—"to empower rank-and-file users to contribute, rather than to impose security models that count on a handful of trusted people for control." For example, StopBadware.org, a project based at Harvard and Oxford, aggregates information about Web sites and programs that violate privacy and security guidelines (Google's search engine now throws up an alert about sites identified by StopBadware before someone clicks through). What's needed, Zittrain contends, is the equivalent of a Manhattan Project, but this time on a decentralized basis that engages people as participants, in the way that Wikipedia does.

Whether that's a practical cure, I don't know—and if there's a truly catastrophic event that spreads online, all bets are off. Richard Clarke, the anti-terrorism expert, refers to the potential for a "digital Pearl Harbor." Zittrain conjures up visions of malware changing the numbers around in spreadsheets, turning text files to gibberish, erasing hard drives, and producing major breakdowns in transportation, finance, and other realms. If such things happen on a massive scale, we will all prefer information appliances.

In the digital environment as in other areas, a framework of security is a prerequisite for freedom, but we also have to avoid getting stampeded by fear and

alarmism into compromising freedoms that needn't be in danger. Zittrain wants us to understand that the freedom the Internet affords is far more precarious than we may have realized and that if we want to keep that freedom, we're going

to need to evolve new social capacities. It's a wake-up call (the bots are coming!) for a kind of civilian defense—part community watch, part high-tech volunteer militia. Ignore Zittrain's warnings, and we may prove his forecast right. **TAP**

## BOOKS

# MAKE IT PERSONAL

**GET OUT THE VOTE: HOW TO INCREASE VOTER TURNOUT** (SECOND EDITION)

BY DONALD P. GREEN AND ALAN S. GERBER, Brookings Institution Press, 225 pages, \$18.95

BY HAROLD MEYERSON

**T**HE LATE ALAN BARON, SOMETIME political consultant and full-time political wag, used to tell a story about a campaign kibitzer in Des Moines in the autumn of 1964. Every day as the election drew closer, the kibitzer would turn up at Democratic Party headquarters and implore the directors of the get-out-the-vote (GOTV) operation to use sound trucks. Such trucks, he insisted, if properly used—touring the streets of Des Moines while amplified voices urged the folks on the sidewalks to vote Democratic—were guaranteed to tilt the election in the Democrats' favor. And on Election Day, in no small part just to shut the guy up, the field directors did dispatch a couple of sound trucks to ride around town.

That day, the Democrats won a victory of historic dimensions. Powered by Lyndon Johnson's epochal landslide over Barry Goldwater, Iowa Democrats won all their usual offices and a slew of others they'd never won before.

The next morning, the kibitzer resurfaced in Democratic headquarters. "What did I tell you?" he gloated. "Sound trucks."

One of the problems for political candidates and their campaign managers is that seemingly more respectable versions of Baron's kibitzer are to be found in countless (though by no means all) political-consulting firms across the country. They tell prospective clients how their mailings, phone banks, or TV spots have boosted their previous clients'



**Personal Touch:** Barack Obama campaigning door to door in Philadelphia, April 19, 2008

turnout, and if their prospective clients would just sign this contract, they too will know the thrill of victory.

To which Donald Green and Alan Gerber, both professors of political science at Yale, respond in no uncertain terms: Oh, yeah?

What Green and Gerber have done would seem conceptually obvious—except, no one has done it before. Working with academic colleagues and a range of political and civic groups and campaigns across the nation, they ran

more than 100 experiments in elections over the past decade, testing which get-out-the-vote tactics—direct mail, phone banks, door-to-door canvassing, radio and television ads—actually turned out more voters. They designed all manner of GOTV efforts and employed them on groups of randomly selected voters while not employing them on a control group of other randomly selected voters, then checked after the election to see who'd voted and who hadn't, and whether those results had any correlation to the respective GOTV drives. They worked with non-partisan good-government groups, with groups trying to mobilize African American, Latino, low-income, or environmentally inclined voters, and occasionally, and, remarkably, with candidates' campaigns—remarkably, because not many candidates will respond favorably to establishing a control group of voters who *don't* get canvassed or phoned or mailed on his or her behalf.

*Get Out The Vote* is not a theoretical consideration of political engagement

and alienation. It does not advocate shifting our system toward, say, proportional representation or parliamentary forms of government as a way to increase popular participation in elections. Green and Gerber are concerned simply and totally with the actual electoral system we have saddled ourselves with, and their goal, as they put it, is to produce a “shopper's guide” for candidates pondering whether to use robocalls or canvassers. The great question they hurl at the reader in their very first sentence bears no trace of the controversies over postmodernist theory: “What are the most cost-effective ways to increase voter turnout?” So relentlessly practical are their concerns that at times, these two eminent Yale political scientists sound almost disconcertingly like your mother. “Along with clipboards containing maps and address lists,” they write, “canvassers should carry plastic covers in case of rain.”

But the sheer number and scale of the experiments they've run make *Get Out The Vote* a signally important tool to cam-

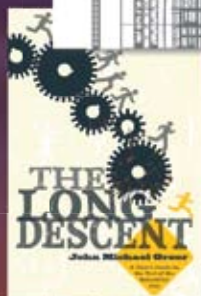
paigners trying to figure out how best to campaign. It is also a signally important challenge to portions of the political-consulting industry, most particularly those consultants whose GOTV campaigns rely on recorded phone calls, paid phone bankers, or typical direct mail.

What Green and Gerber have found, in brief, is that the personal touch matters. “Door-to-door canvassing by friends and neighbors is the gold-standard mobilization tactic,” they write. It's the contact itself that's the key: the kind of message that the canvassers delivered—whether they handed voters a position paper or a potholder—in itself had no effect on turnout rates. Phone banks staffed by genuinely enthusiastic and chatty volunteers worked as well. In test after test, however, a series of mailings to voters, or recorded phone calls from notables, had no measurable effect on voter turnout. The kind of canvassing and phone banks that work well, of course, are not easy to assemble, so Gerber and Green endeavor to price out the cost per vote of any number of



**Reinventing Collapse**  
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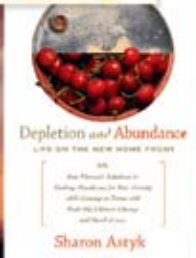
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**The Long Descent**  
A User's Guide to the End of the Industrial Age  
John Michael Greer  
\$18.95 – available September

“The Long Descent shows how belief in perpetual progress blinded us to the abyss toward which we were speeding. We must hope that the array of mitigating tools he prescribes may yet render that descent down the back side of Hubbert's peak less devastating than it will be if we insistently claim a right to be prodigal in using this finite Earth.”

William R. Catton, Jr., author of *Overshoot: The Ecological Basis of Revolutionary Change*



**Depletion & Abundance**  
Life on the New Home Front  
Sharon Astyk  
\$18.95 – available September

*Depletion and Abundance* explains how we are living beyond our means with or without a peak oil/climate change crisis and that, either way, we must learn to place our families and local communities at the center of our thinking once again.



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these options, since not every campaign can mount an effective canvass (even though at \$16 per vote, it is the most efficient way to turn out voters).

Green and Gerber may have produced the first rigorous academic study of how to move voters, but their work closely corresponds to some studies conducted outside academia over the past quarter-century. In the 1984 Democratic presidential primary in New Hampshire, for instance, the AFL-CIO campaigned for its endorsed candidate, Walter Mondale, through a program of recorded phone calls from the federation's president, Lane Kirkland, urging a vote for Mondale. The assumption that New Hampshire union members knew who Kirkland was, or cared whom he backed, was delusional, as the exit polls that showed Gary Hart beating Mondale among union members rather dramatically demonstrated. But in Berlin, the isolated mill town at the northern end of the state, a young union organizer had tried out a pilot program in which union stewards per-

sonally campaigned for Mondale among their fellow union members—and when Mondale swept Berlin (which consisted of little else besides the mill), the organizer, whose name was Steve Rosenthal, felt he was on to something.

In the late 1990s, when Rosenthal was the political director of John Sweeney's

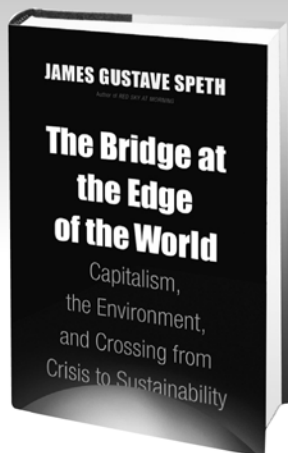
that pushed people toward the polls. The mailing included a report on how frequently the recipient had voted in recent elections and how frequently his or her neighbors had voted. Combine their findings on the efficacy of such peer-group pressure with their findings on door-to-door contacts, and the optimal Green and

*The only effective mailing to voters included a report on how frequently the recipient—and his or her neighbors—had voted in recent elections.*

AFL-CIO, he was in a position to do more ambitious experiments on what moved union voters. He concluded what Green and Gerber have now concluded: Personal peer contact is indisputably the best way to turn out voters. Rosenthal's experiments are one reason why unions' GOTV efforts are generally successful.

In all their surveys of direct-mail programs, Green and Gerber found only one kind of mailing—a highly unusual kind—

Gerber voter-turnout program would seemingly be based in a neighborhood organization whose members knocked on doors and kept tabs on the voting habits of their neighbors. There's a name for such an organization, or, at least, there was once: Tammany. One hundred years after Charley Murphy and George Washington Plunkitt ran New York, political science has determined that they were doing something right. **TAP**



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# All the Young Bankers

BY THOMAS GEOGHEGAN

**W**HY DOES GERMANY HAVE AN ENGINEERING shortage while U.S. engineers are forced into “sales”? If our engineers didn’t go into sales, they’d be unemployed. It also puzzles me how, in 2008, German industry, with an ever higher euro, keeps outcompeting

the U.S. in sales abroad. The Germans are actually looking for more than half a million skilled workers, including 100,000 engineers. So at a Chicago Chinatown restaurant on a Wednesday night, I asked my friend D., who’s in industrial sales, “Why, with the euro so high, do the Germans put so much more effort into manufacturing?”

“Aw!” he said. “The Germans aren’t doing much. The only reason they’re ahead of us is that we’re just doing nothing. I mean, we aren’t developing any new products—while the Germans, occasionally they try something. It’s all the bean counters. The financial people.”

The guys who run U.S. business, D. explained, aren’t interested in engineering, in developing new products. All we develop are new and more complex financial instruments.

By coincidence, I went up to Boston that week and saw friends from law school. Their kids now graduate from places like Harvard and Yale. I asked their kids what they planned to do.

“I’m going into finance.”

“I’m going into finance.”

“I’m going into finance.”

Later K., at her 60th birthday party, told me one daughter was in a prestigious law school, but guess what her second daughter was doing.

“She’s going into finance.”

“How did you know?”

They’re at Morgan Stanley. They’re at Goldman Sachs. After Teach for

America, they go to work for Chase.

You may have noticed that plenty of these young hedge-fund managers are kicking in to the party of the left. In fact, being from Harvard, Yale, Brown, and Princeton, they really are on the left, such as it is.

But do they all have to work at Morgan Stanley?

When I came back from Boston last month, I groaned about this to a lawyer friend, whose daughter, he said, now does “wealth management” for a bank. “You only have to have \$150 million,” he added, before you can be one of her clients.

I’ve read that at Yale, 40 percent of graduating seniors go to grad school, 30 percent go off to foundations, and 30 percent go off to business, primarily investment banking—as an analyst, say, at Goldman Sachs. So, of those who blow off law or med school, half the kids go off to manage wealth while the other half end up begging them to turn it over to their foundations. Either way, it’s a career in “wealth management.”

It’s these under-30 wonder kids that Democratic Party leaders are already having to hit up for money. Of course,

there should be campaign-finance reform, but the problem isn’t solved simply by saying, “I won’t take their money.” The bigger problem is that these young plutocrat-to-be liberals from Teach for America already have so much clout in shaping the political message of the left.

One day, all we may care about is who heads the Fed. Indeed, under the very nice Ben Bernanke, the Fed has seized broad new authority for regulating the whole economy, to make sure that no one in the financial sector ever gets to fail. That’s the new social contract: In Tribeca, at least, no kid will ever lose his (or her) first (or second) condo.

Of course, I like the young banker kids more than the old right-wing ones. But the kids who manage people’s wealth aren’t going to lead us into a new Age of Jackson or a second coming of the New Deal. Whose Democratic Party is it, anyway? Should the party belong to a Yalie who was in Teach for America before joining Morgan Stanley, or to a kid with a GED working in a mall?

Now, the global banks headed by our best and brightest are moving in to do the same bean-counting on the Germans, too. But thanks to their labor laws, the Germans still have a few built-in checks on the growing power of these banks. (See Robert Kuttner’s “Continental Drift” on page 23.) German corporations are engineered internally to give a “voice” to workers who have skills. Their corporate model may be doomed, but at least that’s not yet clear.

Indeed, in the past month, Horst Kohler, the president of Germany, called out the global banking system as a “monster.” Fritz Müntefering, the former vice chancellor, called the bankers “locusts.” Over here, this faint echo from our own Age of Jackson now sounds so uncouth to our ears. **TAP**

*The new social contract says that in Tribeca, no young investment banker will ever lose his or her first condo.*

# THE POLITICS OF MENTAL ILLNESS

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ILLUSTRATIONS BY  
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# Media and Madness

*For better and worse, the news media and entertainment industry shape public opinion about mental illness.*

BY RICHARD A. FRIEDMAN

**O**n April 16, 2007, a South Korean student named Seung-Hui Cho shot and killed 32 people and then turned the gun on himself at Virginia Polytechnic Institute in the deadliest shooting rampage in American history.

Within hours after the massacre, it was widely reported that the killer had been a loner with a history of bizarre behavior who frightened some of his teachers and fellow students. He apparently had a history of psychiatric illness and had once been hospitalized.

This national tragedy was front-page news for weeks, igniting the usual debates about gun control, campus security, and even immigration. Nightly newscasts reported “no known motive” and focused on the gunman’s anger, sense of isolation, and preoccupation with violent revenge. No one who read or saw the coverage would learn what a psychotic break looks like, nor that the vast majority of people with mental disorders are not violent. This kind of contextual information is conspicuously missing from major newspapers and TV.

Hollywood has also benefited from a long-standing and lurid fascination with psychiatric illness reflected by such characters as Norman Bates, the psychotic killer in Alfred Hitchcock’s *Psycho*, and Dr. Hannibal Lecter, the cannibalistic psychiatrist in *The Silence of the Lambs*. Other Hollywood portrayals of mental illness—oppressive Nurse Ratched’s wards in the screen adaptation of Ken Kesey’s *One Flew Over the*

*Cuckoo’s Nest*, or the spurned and psychotic lover, Alex, in *Fatal Attraction*—indelibly shaped public consciousness as well. Exaggerated characters like these may help make “average” people feel safer by displacing the threat of violence to a well-defined group.

But the reality is that when it comes to mental illness, there really is no “us versus them.” The reason is simple and sobering: An estimated 46 percent of American adults experience some type of diagnosable mental illness or substance-abuse disorder during their lifetime, according to the National Comorbidity Survey Replication, one of the nation’s most reliable surveys of mental-health disorders. One percent, one of every 100 adults, suffers from schizophrenia. Close to 17 percent battle major depression in their lives. So one way or another, most of us are affected by the mental health of our friends and relations.

**BOTH THE NEWS MEDIA** and the entertainment industry have a critical role to play in informing public opinion. Together and separately, they can either perpetuate the stigma and misunderstanding surrounding mental illness or they can work to enlighten and educate. Indeed, there is a long tradition of investiga-

tive reporting that has had a powerful and positive impact on public policy and thinking about mental health. The intrepid journalist Elizabeth Cochrane (a.k.a. Nelly Bly) feigned insanity in 1887 and got herself admitted to the Women’s Lunatic Asylum on Blackwell’s Island in New York on an undercover assignment for Joseph Pulitzer’s newspaper, *The New York World*. Bly soon discovered that it was easier to get admitted than discharged. After 10 days, she was released from the asylum only after Pulitzer interceded on her behalf. Her undercover exposé of the brutal and inhumane conditions, later published in a book, *Ten Days in a Mad-House*, led to increased funding for the care of the mentally ill: The New York City Department of Corrections and Charities received an appropriation of \$850,000, a 57 percent increase over the previous year.

Decades later, an unlikely group of Americans became advocates for mental-health reforms. During World War II, an estimated 3,000 conscientious objectors to the war worked as attendants at state mental hospitals and institutions for the developmentally disabled. Often sponsored by pacifist religious organizations like the Quakers and Mennonites, these young aides helped fill severe shortages of doctors and other medical personnel called to war duty. Appalled by the conditions—overcrowding, neglect, and even brutality—many sought to advocate on their patients’ behalf through the press and public officials. In 1946, *Life Magazine* published a gripping photo essay based partly on the aides’ first-hand accounts titled, “Bedlam 1946: Most U.S. Mental Hospitals are a Shame and a Disgrace.” Similarly, social historian

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and journalist Albert Deutsch relied on testimony from the conscientious objectors and others when he published *The Shame of the States* (1948), a powerful indictment of state-run mental hospitals. Together, these and other exposés of the time increased public awareness of the plight of psychiatric patients, and some reforms were made.

In a similar spirit, Geraldo Rivera, using a smuggled key to gain entrance, exposed the horrifying conditions of Willowbrook State School for the mentally retarded on WABC-TV in 1972. Within weeks of his shocking exposé, a class-action lawsuit was filed against the Staten Island institution. It culminated in a federally enforced consent decree mandating immediate improvements at Willowbrook and other institutions, and requiring Willowbrook residents to be transferred to small, community-based residences. This, along with the advent of modern antipsychotic medications, touched off the largest mass deinstitutionalization in the nation's history. It wasn't until 1987 that the notorious facility was shuttered for good. And there's another important legacy: Largely on the basis of Rivera's report and related publicity, Congress in 1980 passed the Civil Rights of Institutionalized Persons Act. To this day, the statute empowers federal officials to investigate and sue state and local institutions—including homes for the mentally ill and developmentally disabled but also juvenile-detention centers, nursing homes, and prisons—for any abuse or neglect of persons in their care.

**MEDIA COVERAGE OF** mental health—or any topic, for that matter—can be technically accurate yet misleading, over-reporting negative stories about people with mental illness, for instance, or leaving out important data. Though very different in intent, the effect is comparable to that of the pharmaceutical industry in reporting the results of new drug trials: The industry is all too eager to tell the public the good news about its drugs, but it often withholds publication of negative studies that show the new drug is no better than a placebo. This was

documented in a January 2008 study in *The New England Journal of Medicine* involving 74 clinical trials with 12 different antidepressants, which reported that 97 percent of positive studies were published, versus only 12 percent of negative studies.

Another troubling way in which media coverage skews public understanding is in the implied link between mental illness and violence. It will surprise most people—and disappoint Hollywood—but the fact is that the mentally ill are rarely violent and contribute very little to overall violence in the United States. It is estimated that only 3 percent to 5 percent of all violence in the country can be attributed to mental illness.

In contrast to a serious psychiatric disorder like schizophrenia or bipolar disorder, drug abuse is strongly linked to violence. People with no mental disorder who abuse alcohol or drugs are nearly seven times as likely as those

## The reality is that when it comes to mental illness, there really is no 'us versus them.'

without substance abuse to be violent, according to the National Institute of Mental Health.

The fact is that you have far more to fear from an intoxicated businessman in a suit than from a homeless schizophrenic man muttering on the street corner. This is not something most people know because a drunken disorderly man in a suit is not deemed a newsworthy event, but the rare schizophrenic who acts violently and gets arrested is likely to find himself on the front page of a local newspaper.

The epidemiologic reality that the vast majority of mentally ill people are not violent stands in stark contrast to the impression most Americans get from the popular media. And for a good reason: Studies consistently show that most news reports about people with mental illness focus on dangerousness and violence. In a representative survey of 70 major U.S. newspapers, Dr. Patrick Corrigan at the Center for Psychiatric Rehabilitation in Evanston, Illinois, reported in 2005 that 39 percent of all

stories published about the mentally ill focused on dangerousness—the single largest area of the media's coverage of mental health. In contrast to stories that discussed mental-health treatment or public policy, those that touched on violence were also far more likely to be front-page news.

Popular media affect not just how the public views people with psychiatric illness but how the public thinks about the disorders themselves. A recent article in *The New York Times* discusses the issue of mental-health insurance parity. In comparing mental to physical illness, it asks, "If mental illness never ends, which is typically the case, how do you set a standard for coverage equal to that for physical ailment, many of which do end?" The question repeats a common misconception about mental illnesses, namely, that they are unremitting and untreatable. In fact, major mental disorders are quite treatable and have

response rates to psychosocial and biological treatments that are on par with, if not better than, common nonpsychiatric medical illnesses.

Diseases like diabetes, hypertension, coronary artery disease, and arthritis are chronic illnesses that, like psychiatric disorders, are treatable but not curable. What makes psychiatric disorders different from medical ones is that they manifest by changes in thinking, feeling, and behavior instead of physical signs like fever and rash. But brain disorders are every bit as real in the physical sense as medical diseases. Neuroscience research has made clear that major psychiatric illnesses like depression and schizophrenia are associated with changes in brain function and circuitry.

But the public has little sense from stories in the popular media that mentally ill people can get better with treatment, recover, and go on to lead productive lives. The old dictum, "if it bleeds it leads," still determines what is deemed newsworthy.

**WHAT CAN THE POPULAR** media do, then, to cover mental health accurately but avoid reports on mental illness that are biased and gratuitously negative? Since there is no escaping bad news, it should be standard journalistic practice to include epidemiologic and statistical context whenever covering stories that focus on violence or dangerousness; base rates of violence in the relevant psychiatric group and general population should be provided so readers can see for themselves that the mentally ill pose little risk.

The press could stand to lose some of its lurid interest in psychiatric illness and see that good news is news, too. Stories of people with mental illness who succeed in life and contribute to society will actually be more surprising to the public than the typical psychotic-gunman-on-the-rampage feature, which it has come to expect—not to mention the fact that positive stories can help explode negative stereotypes of the mentally ill.

News stories that include the perspective of people with mental illness, their family members, and their advocates would be a welcome change. Media coverage of mental health has

relied too heavily on a small cadre of experts, like psychiatrists, psychologists, and policy-makers. The virtual exclusion of the voices of mental-health consumers in the press gives the public the misleading impression that the mentally ill are too disturbed and dysfunctional to speak for themselves. Putting a human face on a psychiatric illness, as any social scientist can tell you, makes it easier for people to empathize and identify with those affected. It also helps to lessen stigma.

Public figures and celebrities who reveal their own experience with psychiatric illness or drug abuse show by example that one can thrive and achieve at the highest levels despite having a mental illness and that there is nothing to be ashamed of. A recent biography of Abraham Lincoln (*Lincoln's Melancholy*, by Joshua Wolf Shenk), for instance, argues that the president's lifelong depression was one source of his greatness. Speculation abounds

over the role mental illness played in Vincent van Gogh's creative genius, of course. More recently, the Nobel Prize-winning economist John Forbes Nash (schizophrenia); writers William Styron (depression and alcoholism) and Art Buchwald (depression); actresses Brooke Shields (postpartum depression) and Patty Duke (bipolar disorder); TV journalists Mike Wallace (depression) and Jane Pauley (bipolar disorder); football great Herschel Walker (dissociative identity disorder); and public figures such as Betty Ford (alcohol and painkillers) and Tipper Gore (depression) have shared the private and public sides of their illnesses, as does Ted Sorensen, painfully recounting his mother's manic depression in a new memoir. By following their lead and reporting on mental illness with candor and sensitivity, the news media and entertainment industry can dramatically dispel stigma and thereby do great social good. **TAP**

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*Richard A. Friedman, M.D., is a psychiatrist and professor at the Weill Cornell Medical College. He is also a behavioral science columnist for The New York Times.*

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## A PROFESSOR'S STORY

### *Going public after tenure*

BY ELYN SAKS

**W**hen I was diagnosed with cancer, my dearest friend, Steve, flew across the country to be with me. I opened my apartment door, and he smiled and reached for a hug. Looking over my shoulder past our embrace, he remarked on the many bouquets I'd received since my diagnosis.

When you go to the hospital with a physical illness, people send flowers.

When you go to a mental hospital with a mental illness, they don't.

Stigma against mental illness is everywhere. One evening, I was walking to my car with a colleague, who was on a tirade over a violent crime committed by a mentally ill person, reported in the newspaper that day.



I said that mentally ill people were, on average, no more dangerous than others and certainly less dangerous than people who abuse substances. Expressing disbelief, my colleague remarked, "Maybe I'm just prejudiced. I mean, I've never known anyone with mental illness." I responded, "You mean you never knew anyone you *knew* had a mental illness." With a twinkle in her eye, she replied mischievously, "Can you please take me to my own car now?"

Some forms of stigma go beyond hurt feelings. Around 20 years ago, I found myself experiencing severe headaches and short-term memory loss. Friends

brought me to the emergency room, where disaster struck: The ER workers found out I had a psychiatric history and—predictably—decided I was having a psychotic episode and tried to send me home. My friends, who had seen me psychotic and knew this was different, implored them to keep me. Eventually, a spinal tap revealed a bleed in my brain, the kind that kills roughly half its victims.

Stigma against the mentally ill, especially those with schizophrenia, is perhaps the most profound of all stigmas today. I myself came forward only after achieving academic tenure—and after many years of listening in silence as people, joking and otherwise, used words like "crazies," "lunatics," and "nutcases" to describe, well, people like me.

Why is stigma so destructive? It hurts to have others make fun of and even fear you, even if they don't know it's you they're deriding. And having a secret to hide never makes friendship easy.

# Combat Fatigue

*As returning veterans suffer post-traumatic stress disorder in record numbers, a controversial new drug is being tested that would dampen their memories.*

BY TARA MCKELVEY

Barry Roma, a postal worker and a disabled Vietnam veteran, tells people not to be afraid of him. He is joking, sort of. He knows how veterans—and postal workers—are seen by many people, and luckily he has a sense of humor. By night, he works as a mail handler in Chicago and by day, as national coordinator for Vietnam Veterans Against the War. He helps to put out a biannual publication, *The Veteran*, and works closely with members of Iraq Veterans Against the War. His achievements are hard-earned.

More than 40 years ago, as an officer in Vietnam, he witnessed wartime atrocities that could easily be classified as war crimes. The events occurred decades ago,

but they continue to haunt and nearly overwhelm him with remorse. He watched American soldiers demolish villages, burn houses, and shoot civilians. After seeing friends blown up by landmines, he enlisted the help of local farmers, asking them to walk ahead of U.S. troops to look for hidden bombs. No one was hurt during these particular incidents, he says, but he cannot shake the memory of what he did. In May 1968, he left Vietnam to bring home the body of his nephew, a teenager who, he says, “was like my brother.”

Back in San Bernadino, California, Roma enrolled at a local college and tried to get on with things, but he discovered that he could not sleep. “I had a tremendous amount of adrenaline,” he

says. “A couple hours of sleep a night was just perfect.” Roma, who is now 60, says he began to drink heavily. (He remembers lots of “sangria with dry ice.”) And, though he did not know it at the time, he showed symptoms of post-traumatic stress disorder (PTSD), including anxiety and nightmares.

The situation for vets like Roma was particularly difficult, says Michael Blecker, 58, executive director of a San Francisco-based veterans’ organization called Swords to Plowshares, because of the lack of understanding about their problems. Blecker got his start in the field of veterans’ rights as a law school student in 1976, helping people like Roma file claims for government medical ben-

Perhaps worst of all, stigma is a terrible impediment to seeking treatment for an illness that can be treated effectively.

**WHAT CAN WE DO** to reduce the stigma of mental illness? First, people with the illness must come forward. You’ll see that we are your friends, your colleagues, your family members, and, yes, even your lovers. I am not unique. My colleagues and I are currently collaborating on a study that will explore how people with schizophrenia manage and do well. Among our subjects are a psychologist, a physician, a full-time parent, a full-time student, and consumer advocates.

A more responsible media would be helpful as well. To the media: When it comes to the mentally ill, please don’t sensationalize violence. Report our positive accomplishments, which far outnumber our violent crimes. In short, report how things really are for our community, not just what makes titillating press.

The best remedy for stigma is the most obvious: resources. Early on after being diagnosed as schizophrenic, I was given my prognosis: “grave”—the psychiatric equivalent of a death sentence, the assumption that I’d never live or work on my own. Today, I am a chaired professor of law and serve on medical school faculties, too. I publish extensively. I give lectures in the U.S. and internationally. I am married to a wonderful man. I worked to get better but was able to do so because I received excellent treatment, in the form of intensive talk therapy and appropriate psychiatric medications. The more we make good care available for individuals with mental illness, the more likely they will reach their full potential. Understanding and acceptance will surely follow.

I close by finishing the story at the beginning about my colleague. After I had spoken publicly about my illness, she said she was glad not to have known I had schizophre-

nia when we started having dinner. I asked why. She said she never would have gone out with me had she known. Hearing those words didn’t feel good, but I was glad my colleague—now my good friend—could say them to me. Well-meaning, kind, and intelligent people can have thoughts and feelings based on stigma and fear.

When you have a colleague or friend in a psychiatric hospital, call and offer to visit. And send flowers. **TAP**

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efits. Many soldiers were coming home from Vietnam and suffering from the same post-traumatic stress Iraq veterans now face. Yet there was no such thing as PTSD, at least not officially. Instead, it was known as post-Vietnam syndrome, and often it was not even recognized. "You couldn't compensate somebody who was having problems with 'whatever the hell it was,'" Blecker says.

Roma eventually received disability benefits from the U.S. Department of Veterans Affairs. But many others who have returned from a war zone (whether in Vietnam, Iraq, or Afghanistan) with shattered nerves have not fared as well. Approximately 18 veterans kill themselves every day, according to an e-mail from a Veterans Affairs official that was revealed in April after two veterans' groups, Veterans for Common Sense and Veterans United for Truth, filed a lawsuit in federal court in San Francisco. More recently, the Army reported that its personnel committed suicide at the highest rate on record in 2007, and the trend is continuing in 2008. Given the severity and magnitude of the problem—Veterans Affairs saw 400,000 veterans for PTSD last year—the Pentagon and administration officials are eager to find a way to address the issue. There have been various approaches, including efforts to cut back on compensation claims. Recently, an advocacy group called VoteVets.org revealed an email written by an official from Olin E. Teague Veterans' Center in Temple, Texas, suggesting mental-health specialists should hold back on diagnosing PTSD. Instead, the official suggested, they should "consider a diagnosis of Adjustment Disorder."

In general, however, officials are searching for a comprehensive solution. If things go as hoped, veterans like Roma will not have these problems in the future—not because they will be treated effectively once they return from war, but because they will never suffer from the disorder in the first place.

With the support of funding from the National Institutes of Health, researchers are searching for ways to quiet the demons that soldiers face after wartime through a controversial program known as "thera-

peutic forgetting" or, more commonly, as "memory dampening." The treatment, at least in theory, will allow veterans to avoid symptoms of post-traumatic stress, and perhaps the disorder entirely, by using pharmaceutical means to shape their memory. It includes the use of the beta-blocker drug propranolol, which is now commonly taken for high blood pressure, and aims to help tamp down the jagged, painful thoughts that follow traumatic experiences. While still in an experimental stage, memory dampening—at least in the view of some veterans' advocates—is a metaphor for the way administration, Defense Department, and Veterans Affairs officials, not to mention many Americans, are approaching the problem of war trauma during the Iraq experience. Combat, as wretched as it is, is part of a soldier's life and is embedded in our national psyche, too. The best thing to do, they argue, is to wipe out memories of it—in other words, simply to forget these things happened and to move on.

Whether or not that is a good thing depends on whom you ask. Researchers see all sorts of benefits in the treatment, including the possibility of alleviating suffering of men and women who have served in war and are now seeking peace of mind, or at least a good night's sleep. Ethicists are less sure. They say the ability to remember experiences, even painful ones, is part of what allows us to feel empathy and compassion and makes us fully human. Veterans like Roma are clear on their views. "I am really against it," he says. "Problems have to be dealt with."

**THE NUMBER OF AMERICAN** soldiers who have fought in Iraq and Afghanistan in recent years is daunting: Approximately 1.6 million men and women have been deployed to the Middle East since 2002. More than 4,000 have been killed in the Iraq War, and tens of thousands have been maimed, wounded, or are currently suffering the psychological scars. Given the scale of damage, it makes sense to search for something that reduces the incidence of one of the most common ailments—PTSD. The rate of PTSD among these veterans is extraordinarily high and may be unprecedented.

Iraq and Afghanistan veterans are known as the "new kids," at least among people like Thomas Berger, chairman of Vietnam Veterans of America's National PTSD and Substance Abuse Committee. He says he has been surprised at the number of Iraq War veterans who have been diagnosed with post-traumatic stress: 16 percent among those who have served one tour of duty; 20 percent among those who have served two tours; and 30 percent among those who have been to Iraq three times. That is roughly the percentage of Vietnam veterans who say they have suffered from post-traumatic stress—in studies done years after the conflict.

The number of Iraq War veterans who suffer from PTSD is likely to increase with time. As Berger points out, "We have a large number of troops who are serving their fourth deployment." Soldiers who serve more than three tours of duty are at an especially high risk. Meanwhile, the new demographics of the Army mean more people are affected by the illness today than in decades past. During the Vietnam era, the soldiers were young and mainly single. Today, an increasing number of soldiers are married and have children, and their difficulties in adjusting to "Fort Living Room," as it is known, are spilling into family life. Spouses and children of soldiers are being diagnosed with post-traumatic stress, too, suffering from the effects of their loved ones' multiple and prolonged deployments. This has increased the number of individuals with post-traumatic stress nationwide and has put a heavy burden on the health-care system.

Officials working at Veterans Affairs are trying to address the problem. Over the past two and a half years, the department has hired more than 3,800 new employees to address mental-health issues. In addition, funding for mental-health services has increased from \$2 billion in 2001 to this year's "projected amount" of over \$3.5 billion, says Jim Benson, a department spokesperson. The additional resources have gone, in part, to the creation of 23 new Vet Centers, community-based outreach centers throughout the nation that are staffed by psychologists, nurses, and social

workers, bringing up the total to 232.

But too often, they are failing. Veterans are falling through the cracks, waiting months or even years for the treatment, counseling, and medication they need. Many of these men and women are—like Roma did in years past—turning to alcohol or, in many cases, drugs. “If you can’t sleep at night,” says Steven Southwick, a Yale professor and Veterans Affairs psychiatrist, “you will find a way.”

As the number of suicides among veterans suggests, the consequences of these postwar mental disorders can be fatal. In fact, according to Mark S. Kaplan, co-author of an article on the subject

Social Security disability compensation to Iraq and Afghanistan veterans over the course of their lives will cost between \$350 billion and \$700 billion.

It should have come as no surprise that officials were unprepared for the aftermath of the Iraq War in this country, especially given the lack of postwar planning in Iraq. Nevertheless, the scale of the damage—physical, emotional, and economic—is huge.

**THERE IS NOTHING** new about post-traumatic stress, and the contours of the illness are well known. It is an anxiety disorder brought on by exposure to a horrifying event, involving vivid, sometimes debilitating memories and is often accompanied by hyper-vigilance and sleeplessness. Characteristics of it are described in the *Iliad* and the *Odyssey*, and it was officially recognized as a medical disorder in the United States in 1980.

When individuals are exposed to extraordinary stress, they release a high level of hormones. This is known as a “fight-or-flight reaction” and is, of course, a good thing because it helps people protect themselves from danger. Being stressed

out is a natural response to combat, and there seems to be no reason to fight it. But for researchers who study this phenomenon, and for those who examine the problems that follow soldiers home from war, one question comes up frequently: Why is PTSD different? Most people recover from stress, even in its most extreme versions, several weeks or months after the incident. However, if too many hormones are released during or after the stressful episode, the body gets out of whack. Unfortunately, this happens to some individuals who are exposed to stress during wartime.

Among these individuals, the hormone levels have increased so dramatically that they do not recede in a timely fashion and can even alter memory capacity. Men and women with PTSD may have heightened

memories of the trauma. The experience can be easily reactivated for them, set off by the pop of a helium balloon or the crack of a rifle. Stress hormones are released each time they relive the traumatic event, and the memories become even more intense with time. People who have served in combat may, decades later, continue to show elevated levels of adrenaline, explains Yale’s Steven Southwick. In addition to being hyperaware, these men and women may also have problems with memory and find it difficult to absorb new information.

Researchers have determined that some individuals may be more likely to experience post-traumatic stress because of their genetic makeup and their personal background. The hippocampus is a region of the brain, for example, that is critical for short-term memory. Scientists have discovered it is smaller in people with post-traumatic stress.

Environment also plays a role. Individuals who have strong social networks and solid educational and family backgrounds seem less likely to suffer from post-traumatic stress. Rockefeller University’s Bruce S. McEwen, one of the nation’s leading neuroscientists, says people who have been abused or neglected as children may have more difficulties when they face traumatic situations as adults. “Early life experiences create vulnerability,” he explains. Not surprisingly, some experts have suggested that military officials screen prospective recruits before admitting them to the armed forces. But there are problems with this kind of vetting system—namely, it might be difficult to find enough soldiers. “A lot of the recruits are from disadvantaged backgrounds, and it may rule out the majority of people who enlist and end up going into combat,” says McEwen. “We would have to rely on a draft, and there’d be an outcry.”

A recent review of literature conducted by the Institute of Medicine, which is part of the National Academy of Sciences, shows that the only proven, effective treatment for post-traumatic stress is exposure therapy, which allows patients to relive the original experience of trauma in a therapeutic setting. The findings do not mean antidepressants



in the July 2007 issue of the *Journal of Epidemiology and Community Health*, suicide is a leading cause of death among veterans, ahead of even natural causes and homicide.

Critics of the Bush administration say the problems many veterans face today have been caused in part by the government’s approach to war—mainly, by going into Baghdad with little thought about the repercussions of the invasion. The problem, say veterans’ advocates, is that Veterans Affairs was never prepared for the aftermath of war, nor for the cost of caring for thousands of veterans. Columbia University’s Joseph Stiglitz and Harvard University’s Linda Bilmes, co-authors of a new book, *The Three Trillion Dollar War*, have found that providing disability benefits, medical care, and

and other forms of therapy do not work—just that they do not have significant scientific evidence to support them. In other words, despite the fact that post-traumatic stress has been around for centuries, we still do not really know how to help people who suffer from it. Yet, the problem is so urgent and widespread that there has been pressure to ramp up the efforts to address it. Partly for these reasons, researchers have been trying to come up with a method that would rid the armed forces of PTSD entirely.

The leading contender is memory dampening. This approach, still in the early stages of scientific development, uses the beta-blocker drug propranolol to help suppress the production of hormones in individuals exposed to extreme stress so they are not produced at dangerously high levels. The drug is given

ory. “Across the board, they said ‘Yes.’”

Yet some ethicists and scientists wonder if the cure is worse than the disease. In October 2003, the President’s Council on Bioethics issued a report titled, “Beyond Therapy: Biotechnology and the Pursuit of Happiness,” which looked at ethical dimensions of scientific research. One area is memory dampening. At the time, the Iraq War was in an early phase. The number of soldiers who had experienced PTSD was only a fraction of what it is now, and the discussion about pharmaceutical-based therapies for post-traumatic stress seemed theoretical. “Soon, doctors may have just the ‘sweet oblivious antidote’ that Macbeth so desired: drugs (such as beta-adrenergic blockers) that numb the emotional sting typically associated with our intensely bad memories,” according to the report.

from Iraq and seem to be doing okay may in fact be headed for trouble. The vulnerable ones tend to show symptoms in three to five years, just as their families are feeling worn down from their care and they are left to their own devices. Unfortunately, there is not much of a safety net for these individuals.

Many believe that efforts to develop a radical treatment such as memory dampening, for all its scientific promise and therapeutic potential, are a move in the wrong direction. It may seem to be an effective way to care for soldiers who are experiencing pain and suffering. In fact, the treatment may allow society as a whole, and government officials in particular, to avoid taking responsibility for the Iraq War and future conflicts by making them seem less risky or consequential.

Regardless of the side effects, memory dampening does not promise to be a panacea. One of the most debilitating aspects of war trauma, say researchers, is the guilt that comes with it. These feelings may be rational, such as when an individual really did cause the death of another person. They may be irrational, such as when an individual survives and friends do not. “Medication—that’s not going to quiet down guilt,” says Yale’s Steven Southwick. “Guilt is so debilitating—I can’t tell you.”

Few people understand this better than Roma. “Some of my worst dreams—the deep-down dirty ones—I can’t even remember them,” he says. “I’m in a psychological hole that’s so deep and dark I don’t even remember them when I wake up. I’m absolutely destroyed—absolutely sweating. I’m really afraid of what’s hiding down there.”

Still, he believes these memories are important. “One of the things I’m proud of is that I feel guilty for the bad things I did,” he says. “I feel guilty not just about my friends dying but also about what I did to Vietnamese people.” He believes his feelings, however painful, have a positive side. He is now helping other veterans deal with their ghosts, and he gives talks to high school and college students about war. This work, he says, comes from remembering the pain and dealing with it—not from trying to forget it. **TAP**

## Researchers have been trying to come up with a method that would rid the armed forces of PTSD entirely.

shortly after a traumatic experience. One scientist, Larry Cahill, a neurobiologist at the University of California, Irvine, has conducted an experiment in which he shows people a series of slides with a wrenching back story and then administers propranolol. Two weeks later, according to a description of the study in a 1994 *Nature* article, “Beta-Adrenergic Activation and Memory for Emotional Events,” the subjects who have received a dosage of propranolol seem to recall the images with a lower level of emotional intensity than those who did not. The drug has apparently tamped down emotional reactions. Preliminary findings seem to indicate that if an individual receives the drug around the time of a highly traumatic event, it will muffle the memory of the event, making it less sharp and emotionally charged.

“We ask people with PTSD, ‘Would you [sacrifice] some of your so-called normal memory if it were to help you?’” says Joseph LeDoux, a New York University professor of neuroscience who studies emotional mem-

Yet even then, one of the report’s co-authors, Rebecca Dresser, a professor of law and ethics at Washington University, says she and others were concerned about the implications of memory dampening. “What would our lives be like if people who had any kind of bad experience—whether it’s war or a bad childhood—could just take a pill, and you remember it, but it just doesn’t bother you as much?” she asks. “We talked about how many good things come out of bad experiences, at least on a social level. Some people who are in battle then become anti-war, and they certainly contribute a lot to society. And what would our society be like if going into war and killing people was no big deal? Imagine if going to war never made anyone feel bad about it.”

**FOR ALL SORTS OF REASONS,** memory dampening may not be the best solution to the problem of post-traumatic stress. But PTSD is not going away anytime soon. In fact, studies show the disorder often emerges long after the event. Experts say that means soldiers who have returned



# A Worthy Diversion

*Pennsylvania has developed a model program to keep offenders with mental illness out of the criminal-justice system.*

BY SASHA ABRAMSKY

One night last winter, Sally Judson was arrested for prostitution and disorderly conduct. She was also charged with resisting arrest and possession of drugs and drug paraphernalia. Judson, who has schizophrenia as well as a heroin addiction, is one of hundreds of thousands of Americans clogging the criminal-justice system for drug offenses. Many, like Judson, are also mentally ill, and the system often fails to treat the mental illness and instead ends up just submerging it in the criminal behavior.

But Judson (not her real name) was fortunate to be arrested in Pittsburgh, one of several U.S. cities pioneering a new and promising approach to treating mentally ill offenders that uses a diversion strategy supervised by newly created mental-health courts. After being arrested and placed in the intake area of the jail, Judson was identified as mentally ill by staff of the Allegheny County Office of Behavioral Health, according to the office's Amy Kroll. Two hours later, Judson went for her initial arraignment. "We drew up a service plan, and she was willing to work with us," Kroll says.

Instead of sending her to jail, the judge remanded Judson to a local crisis center followed by 28 days of drug rehab. She responded well to the treatment and afterward was placed in a halfway house. Her case was removed into a mental-health court, and in lieu of being incarcerated she was put on a structured, three-year probation. The Office of Vocational Rehabilitation helped find her a waitressing job at a local Bob Evans restaurant. On the one occasion Judson relapsed, she was speedily hospitalized.

Once a week, Judson attends a therapy

group in which she and other low-level offenders learn techniques to help them avoid patterns of criminal behavior. Her urine is regularly tested for drugs. She sees a therapist who specializes in "co-occurring" disorders such as drug addiction and mental illness. If she abides by the rules, Judson will graduate from mental-health court in the fall of 2009.

"It's very intense supervision," Kroll explains. "Intense treatment. They come back for progress reports. The judge knows everything about them." Absent the interventions, Kroll believes, Judson "would have continued to prostitute. Maybe she'd have ended up dead."

**PENNSYLVANIA HAS** one of America's largest and fastest-growing prison populations. More than 47,000 people are in the state's prisons, up from about 8,500 in 1980. In the past, the state has failed to develop effective sanctions to channel nonviolent offenders away from prison, and about 20 percent of Pennsylvania's inmates are serving time for drug crimes.

But since April 2007, a Criminal Justice Mental Health Task Force has been pursuing statewide reform recommendations. Five Pennsylvania counties now have mental-health courts, with Pittsburgh's Allegheny County in the lead. These courts supervise mentally ill offenders deemed harmless to the community. In exchange for agreeing to go into treatment, the individual avoids prison as long as he or she sticks to the program. A similar philosophy was pioneered by drug courts in New York, California, and Massachusetts, among other places, which have channeled tens of thousands of people into treatment

programs over the past decade, helping them avoid prison.

In Pennsylvania, as in other states that have invested in better ways of interacting with the mentally ill, diversion of mentally ill offenders begins with local law enforcement. Police are specially trained in crisis-intervention methods. Lt. Francis Healy, special adviser to the Philadelphia police commissioner, describes it as "a lot of commonsense talking to people, getting police officers to know what mental illness is—teaching them how important it is to de-escalate." Dispatchers are taught that how they describe a scene determines whether police show up thinking they are going to have to tackle a dangerous felon or instead talk down a disturbed, perhaps psychotic person. Police are taught to empathize with the mentally ill, even having the symptoms of schizophrenia replicated during training sessions in which they wear earphones that bombard them with random voices. The new methods continue through to the courts and to re-entry planning, which includes how to find housing, jobs, and ongoing treatment and medication on the outside.

The strategy includes a Sequential Intercept Model. This model assumes there are five main "intercept" points, further divided into subgroups, at which a mentally ill person interacts with authorities. At each point, the person can be channeled either into treatment or into the criminal-justice system.

Intercept One is made up of first responders, primarily police officers and sheriffs' deputies; Two is the pre-booking process; Three is the court system, in particular the new mental-health courts; Four is support when a person first

returns to the community from county jail or prison; and Five involves working with mentally ill ex-prisoners for the several years following their release.

Police are taught what crisis intervention training coordinator Detective Karen McLellan calls “tricks and tips for de-escalation” for dealing with the mentally ill, and the Central Recovery Center, a new 24/7 crisis center, is a place where the police can bring mentally ill offenders—with a minimum of paperwork to fill out—rather than arrest them. “They get a psych evaluation, something to eat, a bed; they get hooked into medical benefits and can stay there up to 72 hours,” McLellan explains. “The officers are using it 12 to 15 times a month.”

Cumulatively, counties that adopt this model are committing to a holistic approach to mental illness. To achieve sustained results, the model has to draw in, and draw from, an array of community resources. According to Joel Copperman, executive director of the Manhattan-based Center for Alternative Sentencing and Employment Services (CASES), which provides services to mentally ill offenders, “The mental-health court is probably not going to capture everybody coming through the system who needs those kinds of services. Mental-health courts are reluctant to take on people where there’s a perception of risk. And I’m careful to say ‘perception.’ A mental-health court may be much more cautious than necessary. They may select people who in the public eye are the safest cases. Mental-health courts have to be done well and be willing to take risks.” However, Copperman agrees that “they can be a very valuable addition to the continuum of services.”

**FIVE YEARS AGO**, I researched and co-wrote a report for Human Rights Watch titled, *Ill-Equipped*. The report documented the staggering involvement, in the decades following the deinstitutionalization of the 1970s, of the mentally ill in America’s criminal-justice system. We estimated that between 15 percent and 20 percent of state and federal prisoners were seriously mentally ill. More recently, the Bureau of Justice Statis-

tics has found even higher numbers.

Whatever the exact level of mental illness behind bars, it involves the incarceration of many hundreds of thousands of people who, left untreated in the community, commit crimes and ultimately get entangled in the criminal-justice system. After state mental-health hospitals were closed, “the money didn’t follow the people,” Joni Schwager, executive director of the Pennsylvania-based Staunton Farm mental-health foundation, explains of deinstitutionalization. “Our county jails and state prisons have become the new mental institutions.”

Often, these men and women act out in prison and are sent into high-security units to serve their sentences in 23-hour-a-day lockdown. Generally, the Human Rights Watch report found, prison mental-health systems were understaffed,

## While there is an emerging consensus on the wisdom of mental-health diversion, fiscal pressures could destroy it.

medications were distributed haphazardly, record-keeping was shoddy, and symptoms of mental dysfunction were frequently dismissed as “malingering” and punished accordingly. Taser guns were often used on the mentally ill; four- and five-point restraints (arms, legs, head) were employed cavalierly, occasionally with fatal consequences, and mentally ill inmates were particularly vulnerable to being attacked by other prisoners.

Nobody is happy with this state of affairs, another byproduct of America’s three-decades-long experiment with mass incarceration. Mental-health advocates bemoan the conditions faced by the mentally ill behind bars and question the ability to deliver quality treatment in a security-focused environment. Criminal-justice experts and prison administrators say prisons overloaded with mentally ill men and women are that much harder to control and that much more chaotic to manage, making the environment more dangerous for staff and inmates alike. “I don’t know how some of these women were sentenced to prison,” Gloria Henry,

warden of California’s Valley State Prison for Women, told me during my research for *Ill-Equipped*. “They have no understanding of why they are in prison. I don’t know what purpose it serves. This is a prison, not a state hospital.” And legislators express shock at the cost of running huge jail and prison systems mandated by the courts to provide expensive mental-health services to a growing percentage of the inmates. In California, the legislative analyst’s office estimates that building in-prison mental-health units will cost \$1.1 million per inmate so housed.

**WHILE STATES HAVE** been extremely reluctant to implement across-the-board policies designed to slow prison population growth, over the past few years several states and localities *have* taken steps to stop so many mentally ill people getting

involved in the criminal-justice system in the first place. Many of these local initiatives have grown out of the Council for State Government’s Consensus Project, in which CSG brought together experts from throughout the law-enforcement, mental-health, and prison-reform communities with the aim of forging new methods for dealing with mentally ill men and women caught within the criminal-justice system. As the project’s name suggests, a new consensus is emerging that prison should be viewed as a last resort for dealing with the mentally ill—reserved only for violent offenders—and that money invested in alternatives to incarceration for the rest would, over the decades, reap large savings in prison expenditures.

Ohio, for example, has created a statewide coordinating center to provide tactical help to communities working to divert the mentally ill from prison. In Florida, an organization named Partners in Crisis, chaired by Broward County Circuit Judge Mark Speiser, works to create a bipartisan consensus around

the need for more community mental-health resources. Similar groups have set up operations in South Carolina, Louisiana, and Washington state. Thriving mental-health courts exist in urban areas—New York’s Borough of the Bronx and Seattle—and in rural counties such as Idaho Falls, Idaho, and Daugherty County, Georgia. In Santa Clara, California, Judge Stephen Manley has created a mental-health court specifically devoted to mentally ill people charged



with serious felonies. “He’s really become a national figure, pushing for more resources,” says Ron Honberg, director of policy and legal affairs at the National Alliance on Mental Illness (NAMI).

While there is an emerging bipartisan consensus on the wisdom, humanity, and cost-effectiveness of the diversion model, fiscal pressures could destroy it. Many local programs have begun thanks to federal grants under the 2004 Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), and utilizing the expertise of specialists sent out into the field by the National Institute of Corrections (NIC). However, the federal budget submitted to Congress by the Bush administration this past February proposes a complete defunding of both MIOTCRA and the NIC—as well as of federal contributions to local drug

courts and residential substance-abuse treatment programs. While Democratic control of Congress makes this total defunding unlikely, deep funding cuts could reverse many of the advances made over the past half-decade.

Of all the local approaches, Allegheny County, Pennsylvania, is widely admired as the national model. “You’ve got all the key stakeholders involved,” NAMI’s Honberg points out. “You’ve got buy-ins from the state as well as the local department of health. That’s where the Consensus Project has really been helpful—in fostering these kinds of collaborations and getting powerful legislators involved. Allegheny is an area that has some resources. Pittsburgh is revitalized with high-tech industry. It’s a sophisticated area; [it] has a good mental-health system.”

Susan Ridgely, a RAND researcher who studied the Allegheny mental-health court system in 2007, agrees. Analyzing the post-court trajectories of the 400 men and women who had been through the court since 2001, Ridgely found that long-term recidivism rates were considerably

lower than they would have been absent the mental-health court’s existence. The short-term costs were higher—the courts were mandating clients into treatment centers—but long-term costs declined thanks to the lower incarceration rates. While the statewide recidivism rate hovers at around 55 percent, courts coordinator Karen Blackburn estimates that for graduates of the Allegheny County mental-health court, the rate is as low as 10 percent.

“There’s often an assumption we shouldn’t be spending this money,” Ridgely says. “My view is we *are* spending the money—these people are already in the criminal justice system. It’s a matter of *how* we spend the money.”

A three-year University of Pittsburgh study of inmates who were provided with job training, education, drug and alcohol

treatment, anger-management counseling, and other such services inside the Allegheny County Jail and after their release reached similar conclusions to the RAND study. One year after release, this group of inmates had a recidivism rate 50 percent lower than comparable individuals who had not been provided with services. The university researchers concluded that the programs, run by a collaborative made up of jail officials, Department of Human Services staffers, and representatives of the county health department, were saving the county \$5.3 million per year.

“We have a program at every intercept, and they’re all running at the same time,” says Kroll of Allegheny County’s Behavioral Health Office. “It’s unique in that a lot of the counties don’t have all five intercepts. We have all of them. At the very beginning, we had diversion and re-entry. Then we got a mental-health court. Then we thought, ‘if we have three of the five, let’s go for broke and get all five.’ So we applied for grants. It’s a very flowing system; there’s a lot of continuity of care. There’s a constant thread, so the person doesn’t need to repeat his story over and over again.”

At any moment in time, about 730 mentally ill individuals are involved in one or another of the institutions associated with the five intercept points. “We are not sending as many people with mental disabilities into state prison as we used to,” Kroll asserts. In the recent past, Allegheny County saw about 150 mentally ill residents return from prison each year. These days that number has declined to 90.

In the 1970s, New York sociologist Robert Martinson’s famous question, “What Works?” and his ominous answer, “nothing,” helped discredit rehabilitation services and usher in the tough-on-crime era. A generation later, the data coming out of Allegheny County is once again making rehabilitation efforts respectable. **TAP**

**Sasha Abramsky** is a senior fellow at *Dēmos* and the author of three books including, most recently, *American Furies: Crime, Punishment, and Vengeance in the Age of Mass Imprisonment*.



# Finding Funding

*States should link mental-health funding to dedicated revenue sources independent of the political whims of legislators. Here are some creative examples.*

BY PETE EARLEY

Longtime mental-health advocate Rusty Selix Jr. believed in 1999 that California had found the key to ending chronic homelessness among people with serious mental illnesses, such as bipolar disorder, schizophrenia, and major and severe depression. The solution was targeting them with a rich array of individual and intensive services, including better case management, help in securing federal entitlements, access to medications, supportive housing, and employment. Selix and other advocates persuaded the state Assembly that year to fund a \$10 million pilot program in three counties, including Los Angeles, to test the treatment regime.

The results were stunning. Homelessness among the study population was reduced by 73.5 percent, hospitalizations decreased by 65 percent, and those mentally ill people who were hospitalized spent half as many days as before in psychiatric wards. There were 80 percent fewer arrests, too, and the length of time that mentally ill homeless people were incarcerated was halved. Buoyed by those results, Selix and a coalition of advocates persuaded California legislators the next year to approve what became known as AB2034, a bill that expanded the intensive treatment efforts into 38 counties at a cost of \$55 million. They were poised for another increase, this time to \$150 million, and further widening of AB2034—when disaster struck.

On March 10, 2000, the technology-heavy NASDAQ composite index hit an all-time high. Just as quickly, the dot-com bubble burst. NASDAQ lost 9 percent of its value in only three days. The dot-com bubble crash wiped out \$5

trillion in the market value of technology companies between March 2000 and October 2002. California, home to Silicon Valley, was especially hard hit. Capital gains and stock options during fiscal year 2000 accounted for a whopping 40 percent of all personal income in the state, and taxes on wealthy individuals were responsible for a quarter of the state's entire income. *That meant a quarter of the state budget was being paid by between 25,000 and 35,000 millionaires.* Taxes on stock options and capital gains, which had risen from \$2.5 billion in 1994 to \$18 billion by 2000, vanished. By fiscal year 2002, California faced a \$14 billion gap between expenses and expected revenues.

"There is a political tendency to have all programs rise when the economy is good and get cut back when it is bad," Selix explained during an interview. "We realized that we would only get modest increases and get those only in good years and then struggle to avoid cuts in bad years." If Selix and his peers hoped to get AB2034 broadened statewide, they needed reliable and large-scale funding. And Selix knew that would only happen if they found a way to lock into a dedicated revenue source.

California famously allows its citizens to put propositions on an election ballot if they can get sufficient petition backing. Enlisting the help of then-Assemblyman Darrell Steinberg, Selix began reviewing revenue strategies. One idea was raising property taxes, but that wasn't practical in California, where Proposition 13 had capped property-tax rates as part of a national taxpayer revolt led in 1978 by longtime anti-tax crusader Howard Jarvis.

Another logical source was bumping up sales taxes, especially so-called "sin taxes"—revenues collected from the sale of alcohol and cigarettes. But Selix believed that the alcohol and tobacco industries were too well organized, too well financed, and too well schooled at fighting sales-tax increases in California. This left the third option: an increase on personal-income taxes.

At first glimpse, raising income taxes seemed unlikely even though Selix knew voters were concerned about homelessness. As the executive director and legislative lobbyist for the Mental Health Association in California, Selix had seen the results of four focus groups that had been conducted to assess voters' attitudes. When asked what they thought when they heard the words—"mental illness"—the participants had answered "street people."

"Everyone got it," Selix told me. The public understood that California had emptied and closed nearly all of its large state asylums during the deinstitutionalization movement of the 1970s and 1980s. The shutting down of the hospitals and massive cuts in federal housing programs during the Reagan administration had driven thousands of people with severe mental illnesses onto the streets. People wanted to know why the state was not taking care of individuals who were clearly mentally ill. "The focus groups told us this was a big issue—a very big and important issue."

Even so, Selix, an attorney by education, and Steinberg were hesitant to call for a general income-tax increase. It was at this point that Selix, who has advocated for mental-health issues for nearly 20 years in California, remembered how the state

budget had been impacted by the dot-com bust. What would happen, he asked, if an income-surtax tax were imposed—but on a narrow group? Specifically, the dot-com millionaires, business moguls, and Hollywood actors with huge incomes.

As Selix and Steinberg considered options, they received unexpected help from Washington, D.C. In June 2001, President George W. Bush signed a federal tax cut tilted to the rich that Democrats immediately attacked as being unfair. Polls showed that many Americans agreed. Suddenly, the timing seemed perfect to propose a “Robin Hood” tax.

So Selix and Steinberg drafted Proposition 63, mandating a 1 percent tax on incomes of \$1 million or greater, with revenues dedicated for mental-health services. Their efforts were aided by a diverse coalition of supporters, including public and nonprofit mental-health providers, advocates such as the National Alliance on Mental Illness (NAMI) and the state’s Mental Health Association, consumer groups, and others with a vested interest in the outcome. Notably, many of these partners remain stakeholders in local and statewide decision-making to this day.

The proposal appeared on the November 2004 ballot. The publicity before the vote focused on the success of AB2034 programs. There was no opposition from the dot-com millionaires. The only organized opposition came from the Scientologists. Proposition 63 passed with 54 percent of the vote in favor and 46 percent against.

Before the election, the California Legislative Analyst’s Office had estimated that if enacted, Proposition 63 would generate \$800 million yearly. But because many incomes in the upper tax brackets increased significantly during 2005, revenues from the millionaires’ tax hit an astonishing \$1.3 billion.

The success of Proposition 63 was noticed by mental-health advocates in other states. Mental-health funding needed to be linked to a dedicated revenue source independent of the political whims of legislators.

Historically, mental-health funding has been a low political priority. In

*Wyatt v. Stickney*, the country’s first major civil-rights battle about mental illness, attorneys sued Alabama and introduced horrific evidence that showed how patients in state asylums in the 1970s were being abused, neglected, and, in some cases, tortured. Yet, when a disgusted Alabama judge ordered the state legislature to overhaul its shameful system by pumping in millions of new tax dollars for improvements, legislators balked. They cried poor. There was no money, they insisted, until an enterprising attorney released state financial records that revealed Alabama was spending more each year to host the Alabama Junior Miss Pageant and swine shows at county fairs than it spent caring for people with mental illnesses. Red-faced legislators approved limited funds. Such legislative priorities proved typical. When choosing between new highways, more police, bigger jails, and improved schools, legislators always pushed mental-health treatment aside.

Advocates in other states began following California’s lead. In 2005, Illinois passed a law that provided rent subsidies

with two felonies. I discovered that his encounter with the criminal-justice system was not an aberration. According to the Bureau of Justice Statistics, there are 345,000 people with bipolar disorder, schizophrenia, and major depression in jails and prisons. The largest mental-health facility in the U.S. is not a hospital; it is the Los Angeles County Jail.

I was so outraged by what happened to my son that I decided to write a book about how our jails and prisons have become our new mental asylums. As part of my research, I spent nine months inside the Miami Dade County jail where I followed a handful of psychotic prisoners through the judicial process and out onto the streets. Since then, I have visited 27 states and toured nearly 50 treatment programs. I discovered that we know how to help many people who are ill. The problem is getting meaningful treatment programs into place, modifying legal criteria to help ill people receive services, and convincing legislators to think beyond short-term fiscal calculations and treat ill individuals rather than punish them.

## California’s Proposition 63 mandated a 1 percent tax on incomes over \$1 million to finance new mental-health services.

to the homeless, including those with severe mental illnesses. It was financed by a \$10 fee collected from every real-estate document recording. Washington state financed a homeless housing program by charging a similar \$10 surcharge on each document recorded by a county auditor. New Jersey turned to a different income source—traffic tickets. It created a homeless trust fund that received annual revenues from the collection of fines and tickets from convictions for unsafe driving violations.

**I BECAME INTERESTED** in alternative-funding sources after my own college-age son, Mike, developed a serious mental disorder. During a psychotic episode, he broke into a stranger’s house to take a bubble bath. He was arrested and charged

My home state of Virginia is a prime example of timidity. Because of the murders at Virginia Polytechnic Institute and State University (Virginia Tech) on April 16, 2007, the state legislature was forced to address our state’s badly fractured and neglected system. The massacre of 32 students by Seung-Hui Cho, who then killed himself, led the governor and legislature to loosen the state’s involuntary commitment language and to approve \$42 million in new revenues to be spent over the next two years, mostly to expand jail-diversion programs and hire 146 additional therapists and case workers. Gov. Timothy Kaine acknowledged that \$42 million would not pay for a much-needed system overhaul, but he explained it was the best anyone could expect given a recession and cor-

responding drop in state revenues. At a press conference held to sign the legislation, the governor and major legislators slapped themselves on the back.

What the governor and legislature didn't mention was that Virginia had cut \$50 million from its mental-health services between 2002 and 2004 during a budget crunch, and when former Gov. Mark Warner left office in 2005, he had warned that it would take \$460 million to bring Virginia's anemic system up to par.

What's frustrating about Virginia—and most state systems—is that funds *can* be found. But it takes legislators with guts to go after them. In Virginia, the most obvious source is a sales tax on cigarettes. Because Virginia is a tobacco state—it was the first—the fight would be bloody. But there are precedents elsewhere. In 1998, California passed Proposition 10, sometimes called the Reiner Initiative, named after the film director and actor Rob Reiner, who promoted it. The measure imposed an additional 50-cent tax on cigarettes to fund early

keep the state's cigarette-tax rate under the dollar-per-pack national median.

Why tie a cigarette tax to financing better mental-health services? One reason is that people with severe mental illnesses are disproportionate buyers of cigarettes, which means their health suffers accordingly, including premature illness and death. Dr. Steven Schroeder, a University of California, San Francisco physician who has helped launch an anti-smoking campaign targeted at people with mental illnesses, reports that at least 50 percent of people who have been diagnosed with severe mental illnesses are smokers. Because they smoke more heavily, he calculates that as many as 44 percent of all cigarettes sold in America are bought by people who have had a mental-health diagnosis. *Forty-four percent!*

**STATES, IN FACT, ARE** spending plenty of money on people with mental illnesses, but not on strategies that help homeless, chronically ill individuals get better. Instead, they simply keep shuffling them

California's model is spreading. Connecticut recently passed legislation—the Connecticut Justice Reinvestment program—that shifts costs away from corrections and homeless shelters into supportive housing. Legislators in Kansas have already adopted a similar measure, and Rhode Island is considering following suit.

In the past, critics have complained that cost-shifting looks great on paper but doesn't actually save money. The fixed costs of jails and homeless shelters don't necessarily decrease simply because they have fewer prisoners or homeless tenants. Cost-avoidance is difficult to quantify. As one frustrated county commissioner told me, "We still have to have a jail and have to pay electricity even if there are [fewer] prisoners in it."

But that argument is shortsighted, according to Richard Cho, associate director of the Corporation for Supportive Housing, which helps finance housing and services to prevent homelessness. "By redirecting funds from institutions and crisis-driven services to supportive housing and treatment services, state and local governments can invest up front in the kinds of initiatives that will result in savings to their systems and returns on investment over the long run," Cho explained. "This is a far more rational way to do business than the current approach to public investment, which only considers the immediate impact of spending in the current year, and which therefore results in the kind of unending growth we see in Medicaid, corrections, and other budgets."

That logic appeals to me, so much so, that I joined the board of the Corporation for Supportive Housing. It is the first and only board that I have ever participated in during my 35 years as a journalist and author. I did it to help advocate for improvements in our nation's mental-health system. I did it for my son. **TAP**

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*Pete Earley is a former Washington Post reporter and author of CRAZY: A Father's Search Through America's Mental Health Madness, which was a finalist for the 2007 Pulitzer Prize in nonfiction.*

## Alabama was spending more each year to host the Junior Miss Pageant than it spent caring for people with mental illness.

childhood development and prenatal care. The tobacco industry reportedly spent \$20 million fighting Proposition 10, but lost. The Reiner tax generates some \$700 million annually. It was preceded by Proposition 99, which passed in 1988, and was billed as the first anti-tobacco tax. Funds from its 25-cents-per-pack fee were used to underwrite environmental and health-care programs aimed at reducing smoking.

Virginia ranks 47 in the nation on cigarette taxes, charging only a 30-cents-per-pack fee. Dr. Yad M. Jabbarpour, a University of Virginia professor, estimates that the state could generate as much as \$100 million in new revenues for each dime increase in the cigarette tax. If accurate, even a modest doubling of the current fee to 60 cents per pack would generate upward of \$300 million and still

from hospital emergency rooms to jails to shelters to the streets. How much in new revenue would be needed to maximize proven strategies? In 2002, estimates showed that expanding AB2034 services statewide would cost California \$500 million. But, in return, the state would save \$300 million by reducing prison costs. If substance abusers were included under the AB2034 treatment umbrella, Selix claims the state would break even, expending about \$800 million on AB2034 and reaping about \$800 million in cost savings. (Homeless people with chronic mental illnesses frequently have co-occurring alcohol and drug addiction problems.) It should be noted that money from Proposition 63 does not necessarily go to AB2034 programs. Instead, it is distributed to counties for use in a variety of ways that they see fit, including housing.



# Programs That Work

*Clubhouses and ACT are proven successes. So why aren't they better known or funded?*

BY KATE SHEPPARD

**N**ehemiah Surratt delivers the mail every morning at the Dow Jones office near Times Square in Manhattan. He sorts the incoming mail, transports it to the various departments, and picks up outgoing documents. In the afternoon, Surratt takes classes at Hunter College, where he's a straight-A student majoring in Spanish translation. Soft-spoken and shy, dressed in a rumpled, gray button-down shirt and a white knit cap, Surratt could be any other 26-year-old making his way in the world.

Two years ago, he scraped up all his savings and flew to New York, where he planned to kill himself in a cheap Midtown motel. He'd never been to the city before, he says, and he wanted to see it before he died.

"I stayed for three days, spent all my money," Surratt says. "I ended up changing my mind, because I looked out the window and I saw how beautiful the city was and decided I should get help."

He went to a homeless shelter, and eventually a caseworker there referred him to the state psychiatric hospital, where he stayed for a month and a half. Doctors determined that he suffered from severe depression, which Surratt now says had plagued him since middle school. After being discharged, he bounced between his hometown of Norfolk, Virginia, and homeless shelters in New York, finding and losing jobs, spending time in outpatient treatment centers, and passing from caseworker to caseworker.

As it does for many individuals with severe mental illness, this might have become the story of the rest of Surratt's life—unemployed, homeless, cut off from others, and trapped in a system that offers few opportunities for exit. Yet, unlike many individuals with severe mental illness, Surratt found his way

to Fountain House, an innovative program in Manhattan that helps individuals with severe mental illness transition out of the broken system and back to work, school, and the greater community through a special model of recovery called the Clubhouse program.

The price of the nation's broken mental-health system is high for people like Surratt, and for the nation itself. Each year, 5 million to 6 million Americans aged 16 to 54 lose, fail to seek, or cannot find employment because of a mental illness. At least 200,000 Americans with mental illness are homeless, and another 200,000 are in the criminal-justice system. Those who aren't homeless or institutionalized are often confined to their homes and isolated from society. But Clubhouses, as well as other recovery-oriented, community-based options like Assertive Community Treatment (ACT) programs, offer real promise for individuals with mental illness, while at the same time saving millions of dollars for state and local governments.

Only a generation ago, individuals with mental illness were likely to end up in state psychiatric hospitals. But in recent decades, as lawmakers favored "deinstitutionalization," many such facilities were shuttered and the patients returned to their communities. Funding for community-based mental-health programs was supposed to follow but has been inadequate, leaving many of the mentally ill consigned to nursing homes or, worse, the streets. In addition, tight budgets for mental health and an unwillingness to depart from traditional clinical models have crippled the growth of well-established, community-based programs like Clubhouse and ACT, making them available to only a fraction of people living with mental illness.

**UNLIKE TRADITIONAL** programs for people with severe mental illnesses like schizophrenia, bipolar disorder, and major depression, Fountain House is a voluntary program with the goal of getting people like Surratt out of homeless shelters and hospitals and back into society. Fountain House was founded as the world's first Clubhouse in 1948 by six men who had been discharged from Rockland State Psychiatric Center and sought a place where individuals like them could find a community to support their recovery and help them develop life skills.

Sixty years later, Fountain House serves some 350 people each day, and up to 1,500 visit each month. It now also houses a training program, where people can come to learn how to start Clubhouses in their communities, as well as the International Center for Clubhouse Development (ICCD), an organization that works to promote, train, and support Clubhouses around the world. ICCD has helped the model expand to 326 Clubhouses in 29 countries serving 55,000 people a day, with 220 Clubhouses in the United States alone.

Proponents of the model cast it as a social movement rather than a program or service, and individuals who join the Clubhouse are "members" instead of patients or clients. Clubhouse members select a staff worker who serves as their advocate, working with them to achieve a personalized plan and goals. There are no clinical services offered within the Clubhouse, but staffers refer members to appropriate psychiatric and medical care and housing, employment, and education services. The emphasis within the Clubhouse, though, is not on an individual's illness but on his or her interests and goals.

A high value is placed on equity among members and staff, and all tasks—from

scrubbing toilets to serving on the board of directors—are shared. Members participate in all the day-to-day operations of the Clubhouse as part of a work unit, which in most Clubhouses includes dining-hall, clerical, education, and employment units. As the largest Clubhouse in the world, Fountain House offers a wider range of work units, and on any given weekday, members tend to the garden in the horticulture unit, write articles for the newsletter in the clerical unit, and help plan classes about managing diabetes in the wellness unit.

In addition to the day's work, most Clubhouse members can also attend classes for things like computing and exercise, as well as evening and weekend social events. Most Clubhouses also offer a subsidized daily lunch and holiday meals. Through work and social engagement, members are able to develop relationships with each other and staff members, who can help them deal with the many challenges of living with mental illness.

"The priority is building strong relationships ... that can empower members and help them pursue their recovery goals," says Joel Corcoran, executive director of the ICCD. "The entire focus is on what you can accomplish, whereas in the traditional medical model the focus is on what your disability is."

Beyond developing coping and social skills, the Clubhouse also helps prepare members for independent employment or education. After securing commitments from local employers, Clubhouse staff go to the job site, learn the job, and then teach the needed skills to a Clubhouse member, who will hold the position for six to nine months. If the member hits a bump in the road, a Clubhouse staffer or colleague will cover for him. The model benefits the businesses because they are guaranteed coverage in an entry-level, high-turnover position. And the arrangement is a win-win for the new worker, allowing him to gain valuable work experience and build a résumé while learning to manage his illness. Members in transitional employment work 12 to 20 hours each week, and earn above minimum wage. Foun-

tain House members are employed in such prominent New York businesses as Dow Jones, McGraw Hill, and the American Stock Exchange, where they work as mail clerks, as messengers, and in food service, for instance. After the initial placement, members can opt for a second transitional post or work with a staff member to secure independent "supported" employment, while others may pursue a GED or a college degree.

By all of these important measures, the Clubhouse model has demonstrated solid success. Though only 15 percent of individuals with severe mental illness are employed nationally, 40 percent of Clubhouse members are in transitional or supported employment at any given time. Over a 30-month period of membership, 60 percent of Clubhouse participants have been employed. And those who aren't in jobs are generally in school or working toward employment. These figures are even more impressive in light of the fact that four in 10 Clubhouse members originally said they had no interest in employment, often because they believed they were unemployable. Within one year of membership, half of that group is engaged in an employment program through the Clubhouse.

"The very way we define ourselves in Western culture is about our productivity," says Pauline Anderson, development director for the ICCD. "Most people living with a serious mental illness, despite what they're told by their physicians or by society, want to be productive citizens, want to be productive members of society, want to go back to work."

In addition to providing opportunities for members, Clubhouses also have proven benefits for the states that support them. Communities spend an average \$657 per day of hospitalization for individuals with mental illness, while the costs of Clubhouses total just \$27.42 per day. A number of studies have found that the opportunities offered through Clubhouses significantly decrease both hospitalization and incarceration rates for members and increase the number of members living in independent housing rather than shelters or group homes, at a great savings to the states that support them.

**ANOTHER APPROACH** that has proven highly successful for people with serious mental illness is the Program of Assertive Community Treatment, also known as PACT or ACT. Much like the Clubhouse model, ACT programs are intended to help individuals re-enter society through housing, education, and employment. ACT was designed by a team of doctors at Mendota State Hospital in Madison, Wisconsin, in the 1960s as a way to provide treatment for individuals with mental illness within their own community.

ACT services are deployed through a mobile, multidisciplinary team of 10 to



12 trained professionals. Many teams also include a substance-abuse counselor and a "peer support" specialist—someone who has experienced mental illness first-hand and can provide advocacy and guidance. In more traditional models of outpatient care, individuals are assigned to separate case managers, psychiatrists, medical doctors, and housing and employment services, which often creates a fragmented and unstable system of care. But an ACT team consists of professionals in each of those areas who can provide services 24 hours a day, 365 days a year.

The model is intended to flex to the needs of individual users, often called "consumers" or "clients." Team members collaborate to create a treatment plan

and coordinate with each other to ensure that the consumer's needs are being met. If the client is facing a mental-health crisis, a team member will accompany him to the hospital. If he decides to seek a job, the team's vocational counselor will work with him to achieve that goal as well.

"It helps people live independently who might have their life much more controlled in institutions," says Elizabeth Edgar, a senior policy analyst at the National Alliance on Mental Illness (NAMI), which supports the development of ACT programs. Like Clubhouses, the goal of ACT is to help individuals with severe mental illness acclimate to life in the community and be able to access the range of opportunities available to everyone else. "It's a way for a person to reclaim things that they may have given up on, like going back to college, working, or living [on their own]," Edgar says.

## Community-based programs that serve the needs of the mentally ill are more socially just than traditional medical-care models.

Because of its mobility and flexibility, ACT is also a model that can reach those who are most disabled by mental illness, or who are homeless or even incarcerated. The approach allows for individualized, person-centered care, says Cheri Sixbey, executive director of the Assertive Community Treatment Association (ACTA), an organization that provides support and training for ACT teams. It also allows individuals with mental illness to recover within their own community, among relatives, friends, and neighbors. "It's honoring community and seeing people as more than a mental-health patient," says Sixbey, who is a former ACT program manager from Livingston, Michigan.

ACT teams are in place in at least 35 states, though they are more widely available and better funded in some places than in others. Michigan alone has 100 teams, and other states, like New Jersey, Indiana, and Oklahoma have increased their investment in these programs over recent years. Fifteen states, however, have no ACT program at all.

Like the Clubhouse model, the ACT approach has a proven record of success. National surveys found that ACT participants spent 78 percent fewer days in the hospital than individuals in other outpatient programs, while other research found an 83 percent reduction in the number of days spent in jail by program participants. In Georgia alone, reduced hospitalization and incarceration of individuals receiving ACT services saved the state \$1.1 million in a single year. Nationally, ACT participants were also much more likely to be employed; within 30 months of joining, 74 percent of them had secured a job.

**COST-EFFECTIVENESS** aside, community-based programs like ACT and Clubhouse should be supported because they are more socially just than traditional medical-care models, says Robert Bern-

stein, executive director of the David L. Bazelon Center for Mental Health Law, an organization that advocates for the rights of individuals with mental illness. "These are fellow citizens who have disabilities and who have quite a bit to offer society," Bernstein says. "People want to have a job, they want to own something, to have a life, and not just simply be treated as a former mental patient."

Within the consumer-rights movement, some argue that programs like ACT and Clubhouse don't go far enough in being recovery-based and self-determined. According to Dan Fisher, executive director of the National Empowerment Center, a coalition of consumer-advocacy groups, these programs still involve an over-reliance on professional staff and medical treatment. There should be a wider range of opportunities available to individuals living with mental illness, and more peer-driven programs. Fisher points to states like Florida and Oregon, where individuals with mental illness can select from a range of community-

based options, and the funding follows.

But securing funding to develop and sustain even model initiatives like ACT or Clubhouse is often difficult, says NAMI executive director Michael Fitzpatrick. "The tragedy in America is if you look at our mental-health system, in most states and counties there's really ... a lack of political will to fund these very innovative, effective programs."

Many policy-makers simply assume that traditional institutional or clinical care models are cheaper, despite the demonstrable cost savings that the government accrues from programs like ACT and Clubhouse. Making the case for these models is also hampered by the absence of studies that quantify the full costs of untreated or mistreated mental illness across the whole system—from hospitalization and incarceration to the cost of dispatching police officers to deal with mental-health emergencies or transport homeless individuals.

The structure of the funding system for mental health in this country also works against programs like Clubhouse and ACT. Sixty percent of funding for mental-health programs comes from state and county governments, and it is often difficult to convince legislators or health departments to fund new programs, especially in states where budgets are already tight. In some states, like Illinois, individuals with mental illness are often assigned to nursing homes, and legislative efforts to shift funding from those nursing homes to community-based care programs have met stiff resistance from the nursing-home industry and other entrenched interests.

"There are vested interests in the status quo," says Robert Bernstein, who also cites the influence of the nursing-home industry. The result is a system that throws all of its money at crisis situations rather than investing in long-term, recovery-based programs. "We really do have the [knowledge] to help people" with severe mental illness, Bernstein notes. "We're just not doing it for political reasons." **TAP**

*Kate Sheppard, a former writing fellow at The American Prospect, is a political reporter for Grist.*



# Follow the Money

*How shortsighted funding and reimbursement warps mental-health care in America*

BY ART LEVINE

**I**t may seem arcane, but the reimbursement and spending priorities of government health agencies can literally have life and death consequences for people with mental illness. Just ask the family of Carolyn Howard, who was bludgeoned to death in 2005 on her front lawn by her adult son Keith, who suffers from paranoid schizophrenia.

The tragedy unfolded after the Florida Medicaid program abruptly dropped Zyprexa, the expensive antipsychotic medication upon which Keith Howard had depended, from its formulary of approved drugs. As a result, Howard was hospitalized twice in the two months before the killing, having heard voices telling him his mother conspired with murderers like Lee Harvey Oswald. An investigation by *The Orlando Sentinel* last year found that Howard was prescribed substitute medications but that they didn't help. Today, compelling federally funded studies question, in general, the effectiveness of such "second generation" antipsychotic medications as Zyprexa; these drugs, although they may work for certain individuals like Howard, also pose health risks like diabetes while boosting Medicaid's antipsychotic drug costs 10-fold in barely a decade. But Florida's inflexible, ham-handed approach to cost cutting, as opposed to more humane cost-effectiveness strategies in a few other states, shows the devastating impact of shortsighted budgetary policies.

On virtually every front, Medicaid and other government agencies, the drug industry, and health-care providers all play a part in a fragmented system that uses taxpayers' dollars to pay for treatments and drugs that too often don't work. At the same time, wholesale budget cuts, convoluted reimbursement rules, and conflicting funding agencies

have helped create a perfect storm of waste, needless deaths, and ineffectiveness. Tragically, this has diverted scarce resources from proven, recovery-oriented programs such as "supported employment" that promotes a guided return to work, or integrated "dual diagnosis" treatment for the 50 percent or more of seriously mentally ill people who are also substance abusers. "Medicaid hasn't given much attention to mental-health reform, just to cutting costs," observes Dr. Robert Drake, the director of the multiyear National Evidence-Based Practices Project who also leads the Dartmouth Psychiatric Research Center. "We're funding vested interests to suck profits out of the system rather than helping the patient."

All told, financing policy plays a central role in a system that President Bush's own New Freedom Commission on Mental Health declared nearly six years ago to be in "shambles." Indeed, Medicaid and the broader public system of health care for people with mental illness is such an uncoordinated mess that a study last year by the National Association of State Mental Health Program Directors reached a shocking conclusion: Mentally ill adults who receive treatment in the public-health system die 25 years sooner, on average, than Americans overall.

**ONE VICTIM OF THE** flawed system was Robin Eckman, a 53-year-old Fort Lauderdale resident with clinical depression who fell into a diabetic coma last year after her Medicaid-sponsored managed health-care plan refused to pay for her insulin. "If a friend didn't come out and take me to the hospital, I would have died," she says now. Eckman is allergic to the cheaper form of insulin approved by the HMO, run by StayWell, which also refused to pay for her antidepressants. Eckman is just one of

210,000 other Medicaid recipients, many with mental illness, who have been forced into for-profit managed-care plans as part of a free-market Medicaid experiment in Florida's Broward and Duval counties, along with three other rural counties. Yet this federally supported showcase for corporate-run Medicaid flexibility and efficiency promoted by former Gov. Jeb Bush has turned into a nightmare for some patients, according to critics, including a state inspector general. To top it off, the primary HMO provider, StayWell, was raided last October by FBI agents investigating it for fraud.

Given such abuses and chaotic care, it is especially ominous that the life expectancy of seriously mentally ill Medicaid patients has sharply *dropped* since the early 1990s. "What other group in America has lost 10 years of life expectancy in the last decade and a half?" asks Joseph Parks, the chief clinical officer for the Missouri Department of Mental Health and lead author of the 2007 report by the state mental-health program directors that partly blames the lack of coordinated care serving the mentally ill for the drop in life expectancy. Parks also says that the side effects of the new generation of "atypical" drugs—primarily dangerous weight gain and diabetes—are also "a contributing factor" to the sharp rise in early deaths for people with mental illness.

The early industry-funded hype and research to promote these costly drugs seems to have created a public-health and financing crisis for programs serving the mentally ill. Only now are state officials and psychiatrists starting to seriously address the problems. "Most psychiatrists can't believe they were hoodwinked, but they're reluctant to change [their prescribing]," says Dr. Robert Rosenheck, the Yale psychiatry professor who co-authored the

definitive study in 2005 that showed these new drugs were generally no safer or more effective than older, cheaper drugs; they were just ballyhooed more through industry funding of researchers. The new medications were as much as 20 times more expensive than the old drugs, leading to billions in extra profits for the drug companies that raided Medicaid's coffers.

Now the drug manufacturers responsible are facing tens of thousands of lawsuits by irate consumers; Eli Lilly alone has reported paying over \$1 billion to settle 30,000 suits from patients claiming they developed diabetes and other illnesses. And roughly two dozen state attorneys general have launched investi-

years early. "It's all based on false advertising," Drake contends. "We spend billions on ineffective medications, and we won't spend a few million to get people back to work and off of the Social Security rolls. Does that make any sense?"

**INDEED, THE PERVERSE** incentives and chaos of the mental-health system would only get worse under changes proposed by the Bush administration for the federal Centers for Medicare and Medicaid Services (CMS). Those reforms aim to slash nearly \$50 billion, by state government estimates, in federal support for coordinated, intensive services. "People are already caught in a fractured system, and this will only fracture it further," says Robert Bernstein, the executive director of the Bazelon Center for Mental Health Law. Key federal agencies have previously urged states to use two of the programs under attack, Medicaid's rehabilitation

ensure that taxpayers get "full value" for their Medicaid dollars. Opposition to these and other new restrictions now includes not only stalwart advocacy groups like NAMI but the National Governors Association as well, so support is building in Congress for a bill that would freeze these measures until next year. In late April, the House passed legislation postponing the regulations by a lopsided 349-62 margin and, despite a veto threat by President Bush, the Senate backed in May the moratorium with a veto-proof 75-22 vote as part of an Iraq War funding bill.

While invoking "fiscal integrity" for its cutbacks, CMS has done little to halt a wave of corporate drug fraud that has looted billions from Medicaid treasuries. Meanwhile, the Medicaid agency and other federal agencies, largely to save money, still throw regulatory roadblocks in the way of recovery-oriented programs, such as supported employment. Up to 90 percent



## We have a fragmented system that uses taxpayers' dollars to pay for treatments and drugs that too often don't work.

gations and filed lawsuits, asserting that the drug companies improperly marketed these drugs, leading to increased medical costs. But the \$11 billion spent annually on these dubious atypicals, often for unapproved uses, also has another dire effect: Drugs now take up as much as 25 percent of Medicaid's mental-health budget, siphoning off money needed for direct services to people with mental illness. As Rosenheck observes, that \$11 billion is more money than the income of all 47,000 U.S. psychiatrists combined, and more than enough to pay for 150,000 additional case managers who could help provide intensive evidence-based services.

So the miracle atypicals that were supposed to be the saviors of the mentally ill now appear to have drained Medicaid funds, proved relatively ineffective, and possibly helped kill off their patients

option and targeted case management. Both are designed to promote coordinated, personalized care and well-integrated programs such as assertive community treatment (ACT) teams of clinicians and social workers who serve people with disabling mental illness where they live—and help them avoid hospitalization and jail. The spread of ACT, discussed in detail on page A16, would not have been possible without the influential advocacy of the National Alliance on Mental Illness (NAMI) and its chapters across the country.

But the proposed rules could threaten proven programs like this by sharply limiting payments for such integrated services, critics say. "The people most at risk and dependent on Medicaid, the seriously mentally ill, will end up inappropriately in jail, on the streets—or dead," says Dr. Steven Sharfstein, the former president of the American Psychiatric Association.

Yet Dennis Smith, the director of CMS, insisted at House oversight hearings last year that these roll-backs were essential to

of people with serious mental illness are unemployed for life, absorbing \$25 billion annually in disability payments. But based on the research of Drake and others, supported employment is the single most effective mental-health treatment, using a "job coach" as part of an integrated clinical team that can help most of the seriously mentally ill return to work and lead fulfilling lives. Sadly, less than 5 percent of people with disabling mental illnesses are even enrolled in such a program—while Medicaid lavishes billions on near-useless "day treatment" programs to warehouse the mentally ill. "They get the services that are billable—not the services they want or need," notes Doug Devoe, president of Ohio Advocates for Mental Health.

These Kafkaesque absurdities play out with grave consequences to physical and mental health. Devoe notes, for instance, that although a woman who was sexually abused needed private counseling, "they sit you in a group so the therapist can charge all 10 of you for an hour each."

And Dr. Daniel Fisher, a psychiatrist who has recovered from schizophrenia and heads the National Empowerment Center, can't get reimbursed to help a recovering addict in group therapy adjust his antidepressant medication in an individual session. "It's artificially divided into two diagnoses," Fisher points out.

This division between drug treatment and mental-health care puts both recovery and sanity at risk every day. "There's drug treatment here, and there's mental-health treatment over there, and never the twain shall meet," says Peggy Loveless, the mother of a 34-year-old woman, Amy, with paranoid schizophrenia. Her daughter has been in and out of drug-treatment centers, juvenile detention, and psychiatric facilities since she was a drug-abusing teenager. But despite widespread evidence about the prevalence of "co-occurring" mental and addiction disorders, when Amy had another relapse, the Medicaid-funded drug treatment staff

ing these treatment divisions, though, are longstanding conflicts over turf and money. "People want to protect their own finances, and the drug-treatment agencies believe if they integrate their services with mental health, they'll lose control," Dr. Drake says, noting that even federal research agencies refuse to cooperate with each other.

**FORTUNATELY, SOME** innovative state Medicaid and mental-health officials are undertaking cost-effective, integrated services that challenge conventional shibboleths and archaic practices. While advocacy groups have good reason to be wary of "one size fits all" prescribing of antipsychotics based on cost alone, they've also formed an informal alliance with big drug companies to oppose or criticize the use of even evidence-based Preferred Drug Lists, which use unbiased, well-designed research on drugs as a key factor in determining which medications

reimbursement for all mental-health and substance-abuse services through a single managed-care company held to strict performance standards. Missouri aims to bridge the gap between mental-health and drug treatment by offering extra funds to facilities whose staff are trained to provide integrated dual-diagnosis care. The state also seeks to streamline physical- and mental-health services by providing summary reports to the physicians and psychiatrists of each high-cost patient (average annual bill: \$50,000). But even some forward-looking officials working to end uncoordinated treatment are skeptical about the chances for such widespread reform. Says Mike Hogan, the commissioner of New York's mental-health department and the former chairman of the president's mental-health panel: "Unless we become a socialist democracy, it's not going to be fixed."

Yet at clinics at the state and local level, where mental-health staffers are supported by extra training and a state government able to streamline reimbursement without federal interference, these clinics are able to offer effective, evidence-based treatments. That's what Dr. Drake's Dartmouth team showed in a two-year study of 53 clinics in eight states, including New York. But Gregory McHugo, a research professor of psychiatry at Dartmouth and a co-author of the study, isn't sure those gains will continue. "They were doing things on a shoestring," he observes. "The feds just don't provide enough money for this. You have to put incentives in place to make [clinicians] do the right thing. People in the field respond to incentives and go where the money is."

It's up to the rest of us, though, to make sure that when health-care providers do follow the money, government spending priorities actually serve the interests of the people who receive treatment and the taxpayers who are footing most of the bill. **TAP**

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*Art Levine, a frequent Prospect contributor and former health-policy fellow at the Progressive Policy Institute, is the author of Parity-Plus: A Third Way Approach to Fix America's Mental Health System.*

## The mentally ill "get the services that are billable, not the services they want or need," notes one mental-health professional.

insisted that she stop taking her life-saving antipsychotic medication at night so she wouldn't be too sleepy in the morning to participate in group therapy. Such barbaric ignorance is only reinforced by a Medicaid reimbursement policy that pays for certain services, regardless of quality, with virtually no incentives for effective outcomes. As the vice president of the NAMI chapter in Johnson County, Iowa, Loveless knew what was missing and signed her daughter out. "They had no concept about psychotropic medications," Loveless recalls, while the mental-health facility across town didn't really treat her substance abuse.

The chasm between the two types of treatment is rooted in everything from two different funding streams to conflicting cultures of treatment, with peer-supported abstinence facing off against the biological approach to mental illness. To counter that, there's a small but growing movement toward peer support for the dually diagnosed. Underly-

are included in a formulary. Washington state, for instance, uses the independent research on comparative drug effectiveness compiled by Oregon Health Sciences University in a careful way that appears to protect patients while reining in costs, saving between \$20 million and \$40 million annually on all classes of drugs. While its antipsychotics policy is still being developed, the state Medicaid program's approach to other drugs appears sensible: Antidepressants for adults are "grandfathered," no matter how costly, if they've been shown to be effective for individual patients. The program also creates incentives to use well-proven, less expensive generic drugs for first-time patients. Oregon and Missouri also use sophisticated software and expert advisers to flag dangerous over-prescribing.

Some states are trying to tackle fragmented care as well. In New Mexico, Gov. Bill Richardson has blended 17 different agencies into one network, offering



# Mind Reading

*Technological advances catapult mental health to the forefront of ethics debates.*

BY ARTHUR L. CAPLAN

For too long, mental health has been a policy and ethical backwater. While mountains of articles have been written on the ethics of cloning human beings (highly unlikely to happen anytime soon), the morality of using genetically engineered animals as sources of organs for transplants (ditto), and the moral defensibility of using treatments derived from embryonic stem-cell research to cure horrific diseases (a very long shot), hardly any literature exists on the ethics of current practices and policies in mental health.

All that is about to change. A technological revolution imminent in mental health will soon revolutionize how mental illness is widely perceived and elevate it to the forefront of health policy.

We have all heard, perhaps to the point of indifference, about the mapping of the human genome. With dramatic technological advances, we have jumped from having a rudimentary chromosomal map of our genes and those of other animals and plants to a finely tuned, high resolution blueprint of human DNA. Think of the transformation from a basic map of the world's continents and oceans to the ability to locate your own front yard through satellite imagery on Google Earth, and you'll begin to understand the enormity.

Most of the discussion about the benefits of mapping the human genome has focused on diagnosing physical disorders or the risk of acquiring them. Breast cancer, heart disease, deafness, cystic fibrosis, Fanconi's anemia, hemophilia, and similar maladies have been the poster children in the emerging era of precision genetic testing. But, as genomic knowledge expands and as more databases involving all aspects of the health of millions of people are correlated with an ever-increasing number of genes, mental



illnesses will surely be the newest targets for genetic testing. This means that embryos, fetuses, children, and adults will soon be candidates for testing for a vast range of risks and predispositions: addiction, depression, anxiety, schizophrenia, phobias, paranoia, obsessive-compulsive disease, aggressive behavior, attention deficit disorders, and many other mental impairments. Doctors will soon be able to detect the risk of developing mental illnesses as accurately as they now detect many physical illnesses.

The expansion of genomics into mental health will bring much good in the form of prevention and early diagnosis. It will also bring much controversy. Among the many thorny questions to be answered: Should genetic testing for risks of developing mental diseases be entirely voluntary? How private should such tests be? How much counseling ought to accompany the tests, and who should do the counseling? How accurate must these tests be before being made available to doctors, employ-

ers, or to the public directly in home-test kits? And, critically, what exactly constitutes a "mental illness" for which testing would be worthwhile in the first place?

This is not the stuff of science fiction. At least one company, San Diego-based Psynomics, is offering a home-test kit for a gene associated with bipolar disease and depression. A buyer spits in a cup and sends the sample off to Psynomics for testing. It is not at all clear that the test is accurate enough to justify its widespread use. Nor are doctors ready to explain the results of the test to those who buy these kits. Nor is it clear how to protect someone from having their saliva taken and sent off without their permission—say by someone who swabs your mouth while you sleep or takes some of your DNA off a coffee cup or glass.

Right along with the explosion in knowledge about the genetic contribution to mental illness is another new and powerful, if less attention-grabbing, technology—neuroimaging. We have all seen the fascinating pictures of how our brains "light up" in response to certain stimuli or thought patterns. Scanning technologies far more powerful than the familiar CAT scan—tests like positron emission tomography, functional magnetic resonance imaging, multichannel electroencephalography, and near infrared spectroscopic imaging—already make it possible to "watch" neural activity in real time with impressive accuracy. Since the link between the brain and your behavior is a lot closer than it is between your genes and your behavior, imaging the brain through these and other technological advances is likely to prove to be the biggest boon ever to the mental-health field.

Long before symptoms actually appear, a brain scan may reveal early onset Alzheimer's, anti-social tenden-

cies, or autism; show patterns predictive of depression or suicidal ideation later in life; or prove predictive of who will find themselves getting into trouble in junior high school. Conditions that are now difficult to diagnose, such as mild schizophrenia or Asperger's, may prove easily detected when imaging results confirm suspicions.

Where is neuroimaging taking us? Want to claim that you need extra time on an exam due to a learning disability? You may need to undergo a neuroimaging exam to confirm your diagnosis. Hope to convince a parole board that you are ready to be discharged from prison after having undergone extensive therapy for child molestation? An intensive brain examination taken while you are exposed to suggestive photos may prove your case and secure a release sooner than a therapist's diagnosis will. And before anyone prescribes an antidepressant to a very young person, both a neuroimaging study and genetic testing may be required to assess the child's risk profile for dangerous, adverse events and unwanted

side effects that the drug might cause.

It is not just medicine that will be responding to the explosion of diagnostic power that will flow from advances in genomics and neuroimaging. The ability to detect an abnormal brain may begin to shift thinking in the courts and criminal-justice system away from a punishment perspective toward a more therapeutic or medical model. If you are facing the death sentence in a highly controversial case, how quickly can your lawyer introduce a picture of your brain that shows gross abnormalities inconsistent with personal responsibility? Similarly, mental-health workers may find themselves called upon more and more often to offer their prognoses about who is likely to steal, embezzle, or harass at work. Before long, neuroimaging exams may supplant many of the familiar psychological and aptitude tests used in schools and the workplace today. And how long will it be before exclusive private nursery schools and kindergartens add a request for a brain-scan analysis to their admissions requirements?

The range and complexity of ethical

issues raised by neuroimaging are as impressive as any that have accompanied any recent technological development in health care. Who will be paying for all this testing? When will such testing be mandatory—upon entry to the military or the clergy, upon arrest, when seeking a marriage license? Who will do the testing, who will be able to see the results, and what standards will they answer to?

**THE TECHNOLOGY** rolling toward us will even change how we think about mental health and mental illness. Today, drug abusers stick themselves with needles, risking diseases and addiction to get high. Tomorrow, you may be able to feed a signal right into the pleasure centers of your brain, giving you a much greater high without all the mess and risk. Is that a good thing? What if someone chooses to stay in a virtual world, remain attached to a pleasure-stimulating machine, or try to use new drugs or devices to boost their performance, mood, or sex drive or even modify a personality trait they don't like? Is "cosmetic" mental health a field

## PUSHING PARITY

*Congress is poised to end insurance discrimination against people with mental illnesses.*

BY CONGRESSMAN PATRICK KENNEDY

During my 14 years in Congress, I've had the opportunity to meet incredible people and hear amazing stories of triumph, heroism, and bravery. While these remarkable stories may grab a headline in the morning's paper or a brief spot on the evening news, it is the so-called "unremarkable" stories I hear every day that really stay with me—the stories of people who are fighting for health-insurance coverage.

The inequity that exists within our health-care system is broad and severe. It cuts across geographical borders, income levels, races, and diagnoses. In 2006, an eight-state survey financed by the Substance Abuse and Mental Health Services Administration found that adults

with serious mental illnesses served in the public mental-health system die, on average, 25 years earlier than other Americans. By extrapolation, this places the life expectancy of an African American male served in the public mental-health system at age 48. Tragically, this is largely a consequence of the stigma and shame that has guided the development of our laws, segregating mental health from our overall health-care system. As was reported in *Mental Health: A Report of the Surgeon General (1999)*, even our "everyday language tends to encourage a misperception that 'mental health' or 'mental illness' is unrelated to 'physical health' or 'physical illness.' In fact, the two are inseparable."

Barriers enacted by health-insurance companies—including arbitrary limits on the number of visits to a doctor's office or higher co-payments to see a mental-health professional—prevent individuals from seeking care for their mental illnesses. Patients must follow the advice of their insurance companies, not their physicians, in order to access care. The

statistics are startling, but the stories are devastating. Just this year, I heard about a 16-year-old girl who was actively trying to seek treatment for her addiction to heroin. Her doctor recommended that she immediately receive treatment in an inpatient facility. Her insurance company told her that she was not "sick enough" for inpatient care, but if she overdosed, then she would meet its criteria for the recommended treatment.

Without the treatment she needed, she did, in fact, overdose. And she died.

This is just one of thousands of tragic stories that I carry with me as I fight to pass mental-health parity legislation, to eliminate the discriminatory treatment and financial limits for mental-health and addiction benefits that are more restrictive than other medical benefits. Since 2000, I have worked closely with my colleagues to hold hearings on this issue and to bring this bill to the floor for a vote. Over time and through raised awareness, the basic premise of mental-health parity has received broad support, but this

of which our children will partake? Will debates about what to do about mental illness expand far beyond those we currently recognize as mentally ill?

There is also, of course, a profoundly positive side to this story. Improvements in diagnostics will guarantee improvements in treatments for millions of peo-

ciated with serious risks and side effects. Tomorrow, when treatments become more and more efficacious with fewer and fewer problems, issues of access to care and the moral imperative to pay for it will come center stage in health-policy debates.

What can be used to treat can also be used to enhance. So the nascent trend in

## Doctors will soon be able to detect the risk of developing mental illnesses as accurately as they do now many physical illnesses.

ple suffering brain-related disorders. Already, better neuroimaging permits doctors to implant devices aimed at treating Parkinsonism or epilepsy deep into the brain. More precision forms of psychosurgery and a wider range of implantable gizmos are very likely to follow.

Similarly, advances in our ability to “pinpoint” drugs to an individual patient’s genetic or neural makeup will bring enormous benefits. Today, we must often rely on “one size fits all” drugs that can be asso-

ciated with serious risks and side effects. Tomorrow, when treatments become more and more efficacious with fewer and fewer problems, issues of access to care and the moral imperative to pay for it will come center stage in health-policy debates. What can be used to treat can also be used to enhance. So the nascent trend in high schools and colleges among students and faculty to try drugs that help focus attention, or to permit a person to stay awake and function with less sleep, is likely to evolve into an enormous societal debate about the use of drugs or implants to boost productivity. Our grandchildren may well find that certain career paths are not open to them unless they are willing to undergo psychosurgery or take powerful cognition-enhancing drugs.

If the technology is built, then the field

of mental health will bear little resemblance to the struggling, underfunded, often stigmatized, and somewhat mundane set of activities grouped under the mental-health banner that we are familiar with today. Mental health is about to fulfill the old Freudian dream—resting psychiatry and psychology on a neuroscientific and biological foundation. That may not guarantee the delivery of the best mental-health care to those in need, but it will guarantee a revolution in the attitudes, expectations, and utilization of mental-health care services and knowledge. What once was a field fighting for parity and battling stigma is on the cusp of becoming a field where you would have to be crazy not to at least consider using what mental health will have to offer. **TAP**

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is the first year the bill was granted a full debate before members of Congress. In March, the legislation passed the House with a strong bipartisan vote of 268 to 148. Under the leadership of Speaker Nancy Pelosi and with the tireless efforts of mental-health advocates across the country, I’m proud to say this lifesaving legislation is finally being treated as a priority for all American families.

Last year, my good friend and lead sponsor of parity, Congressman Jim Ramstad, and I traveled across the country, holding informal field hearings on mental health and addiction. We listened to hundreds of Americans who want Congress to help provide greater access to treatment. We heard from consumers and providers, police chiefs and judges, business leaders and insurance executives, hospital presidents and public-health officials. All of them understand that treating people with mental illness and addiction, rather than casting them aside, is crucial to addressing many problems in health care, education, criminal justice, homelessness,

veterans’ health care, and more.

Additionally, recent studies continue to validate the key rationale behind the legislation; not only is it the right thing to do, it’s cost effective. A study funded by the National Institute of Mental Health released in May found that major mental disorders cost our national economy \$193 billion in lost earnings alone. Further, when mental-health parity was implemented in the Federal Employees Health Benefits Program, there was little to no cost increase to deliver mental-health benefits that are no more restrictive than other medical benefits.

But all the studies in the world don’t begin to address the real issue behind mental-health parity. No American principle is more fundamental than ensuring that all persons have a chance to pursue their God-given potential. But for tens of millions of Americans living with mental illnesses and addiction, the promise of achieving the American dream is elusive, blocked by treatable diseases left untreated.

Ending insurance discrimination is

about whether our nation lives up to the ideals of the Declaration of Independence and the Constitution, promising every person an equal opportunity to reach his or her potential. The American dream should not be rationed by diagnosis. Nobody would think of telling cardiac or cancer patients or diabetics that their diseases are just too expensive to cover fully. It would be unconscionable, just as it is to restrict coverage of chronic brain diseases.

Currently, Congress is working with a new sense of urgency to reach agreement on a historic, comprehensive mental-health parity bill that President Bush will sign into law. As that day nears, I am hopeful all Americans will begin to better understand the challenges those with mental illness and addiction face on a daily basis. Only then can we truly begin to erase stigma, save lives, and deliver the promise of the American dream to everyone in our nation. **TAP**

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**Patrick Kennedy** represents the 1st District of Rhode Island in the United States Congress.



## WHAT'S NEEDED NEXT

### *A new federal Office of Mental Health Policy*

BY RICHARD G. FRANK  
AND SHERRY A. GLIED

In 1963, President Kennedy challenged the nation to transform the lives of people with mental illnesses. The Kennedy family had first-hand experience with the pain of mental disabilities and their treatments. The president's sister Rosemary experienced long confinements in mental institutions and was treated with a lobotomy. His views surely shaped by the ordeal, Kennedy imagined a society that would no longer warehouse people with serious illnesses in state mental hospitals and would instead provide them with the services and supports that would allow them to live in and be part of their communities.

Forty-five years later, the lives of people with mental illness have indeed changed dramatically. Most live independently or with their families and receive treatment in their communities. Two generations of advocacy have vastly expanded the legal rights of people with mental illness to direct their own care. Growth in a number of key social programs since 1963—from Medicaid to Social Security Disability Insurance to Section 811 Supportive Housing—has also been a boon to this population, providing people with a range of resources that make living in the community possible. Although these changes in living conditions followed a rather different path than President Kennedy had anticipated, the changes he hoped for have, in large measure, occurred.

But the restructuring of mental-health care in America has hardly been a complete success. The waning of the state hospital, a “total institution” that addressed all the needs of the institutionalized population, has provided people with the opportunity to live lives more similar to those of most Americans—but it has also left a vulnerable population reliant on an array of fragmented and uncoordinated programs addressing income support,

health insurance, human services, and housing. There are far too many opportunities for people to fall between the cracks. An important minority of people with mental illness has been “trans-institutionalized” into jails and prisons or left homeless on the streets. The mainstream programs that serve this group are often miserably underfunded, administratively impenetrable, and unprepared to address the distinct needs of this population.

While the organization and financing of mental-health care has been revolutionized, no parallel shift in administration and policy-making has occurred.



Forty-five years ago, people with mental illness depended heavily on hospitals operated by state mental-health authorities, whose distinctive competency and authority was this population. Today, people with mental illness rely on a range of mainstream public insurance and social-service programs that are administered by the federal government or operated by the states within the confines of rules established by the federal government. The federal and state administrators and agencies charged with regulating and managing these programs have neither expertise nor a primary interest in mental illness. While financing for people with mental illness has expanded greatly over this period, stewardship for this population has waned.

If we are to ensure continued progress in the care of the mentally ill in America, we must develop a new locus of exper-

tise and authority on their behalf. This new effort needs to be highly visible, so that advocates can call it on the carpet. It must possess both expertise and authority, so that it can influence the design and management of disparate public programs. And it needs to be federal, because that is where today's dollars and program rules originate.

Toward these ends, we propose that the next president create a new Office of Mental Health Policy, modeled on the Office of National Drug Control Policy (the ONDCP, or so-called “Drug Czar”). This office would be the locus for mental-health lobbying and advocacy efforts and would provide policy-makers throughout the federal government with a source of expert advice on mental health and mental-health care that could inform the design of policies affecting people with mental illness. It would report directly to the president and have limited budgetary authority. As an example, the ONDCP, which is charged with coordinating drug-control policy across a wide range of federal and state agencies, must certify that federal agency budgets are consistent with the national drug-control strategy. A new, visible, accountable, and influential Office of National Mental Health Policy, charged with stewardship of mental health, would restore a voice for people with mental illness and an understanding of their unique circumstances to the programs that most affect their lives. While no agency or office can be expected to solve the problems of people with mental illness, an Office of National Mental Health Policy would be an important step toward completing the transformation in the care and support for people with mental illnesses that President Kennedy envisioned. **TAP**

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**Richard G. Frank** is a professor of health economics at Harvard University. **Sherry A. Glied** is a professor in and chair of the department of health policy and management at Columbia University's Mailman School of Public Health. They are co-authors of *Better But Not Well: Mental Health Policy in the United States Since 1950* (Johns Hopkins University Press, 2006).